

Community violence and young children: making space for hope

EARLY CHILDHOOD MATTERS

Bernard van Leer Foundation

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Cover: Young child playing in a square in Ciudad Juárez, Mexico.
Photo: Luis Aguilar/Bernard van Leer Foundation

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Bernard van Leer Foundation
PO Box 82334
2508 EH The Hague, The Netherlands
Tel: +31 (0)70 331 2200
<www.bernardvanleer.org>
Series editor Teresa Moreno
Consultant editor Andrew Wright
Text edited by Margaret Mellor
Design Homemade Cookies (cookies.nl)

Contents



Picture drawn by a child from Favela Santa Maria, Rio de Janeiro, Brazil, during research to document the dreams and aspirations of young children from their own perspective of the environment in which they are growing up. Photo • Courtesy CECIP

'There are things that we can do to reduce community violence and to mitigate the effects of this violence on young children … and we have results to prove it.'

Editorial

Offering tangible hope of positive change

Michael J. Feigelson, Programme Director, Bernard van Leer Foundation

Introducing this edition of *Early Childhood Matters*, Bernard van Leer Foundation's programme director Michael Feigelson calls attention to the stories of hope. While the articles in these pages clearly demonstrate the devastating impacts of community violence on young children, they also show that there are things we can do – and we have results to prove it.

I'd like to live somewhere that doesn't have anything like this at all, you see? Live somewhere where the children can play, and where I can just lie down and be relaxed. Nobody dreams of this, nobody.

Beth, mum, Rio de Janeiro

Their parents … explained to me that the children never normally used the play lot, as it was used by drug traffickers. … when I think about the kids growing up in those neighbourhoods, that memory has stayed with me as a powerful metaphor for what I hope our work can achieve.

Programme Director, Cure Violence, Chicago

Since 2007, one of my responsibilities at the Bernard van Leer Foundation has been supporting advocacy for young kids in Ciudad Juárez, Mexico. During this period we have had some success – new policy, a growing coalition of advocates, and a fourfold increase in public childcare provision.

But *also* during this period, Ciudad Juárez recorded a homicide rate about three times that of 13th-century Holland, and well above many current war zones. So, while we are pleased to see progress, it is hard to fully celebrate. Kids are safer in childcare and parents are less stressed, but they are both still scared.

The last issue of *Early Childhood Matters* was devoted to the topic of domestic violence. This time we turn to the effects of community violence on young children. As the authors in this journal confirm, we know that just growing up around this kind of persistent violence changes the architecture of children's brains, obstructs their ability to learn and literally makes them sick. For example:

- Shonkoff and Fox explain how prolonged exposure to fear in early childhood can impair the development of the pre-frontal cortex and future executive function (page 7).
- Guerra *et al.* describe how exposure can be linked to both mental health problems in young children and physical health such as asthma (pages 8–9).
- Sharkey finds significant effects on Chicago preschoolers' cognition when a homicide had occurred in the last week within 1500 feet of a child's home (pages 10–12).

Complementing these scientific accounts, Nashieli Ramirez's description from Ciudad Juárez (page 13) looks at the problem through the eyes of young children themselves. She puts a human face on how little people experience these big problems, in the same way that the interview with Beth by Hermílio Santos gives a moving account from a mother's point of view (page 17). These are important reminders of how young children's lives are affected by violence on a day-to-day basis even though they themselves are not directly involved. In this vein, Robert Muggah and Helen Mostue explore the development of an index that can give voices like these a more systematic treatment, arguing that such an index would be a better barometer for success than simply counting shootings and killings (page 26).

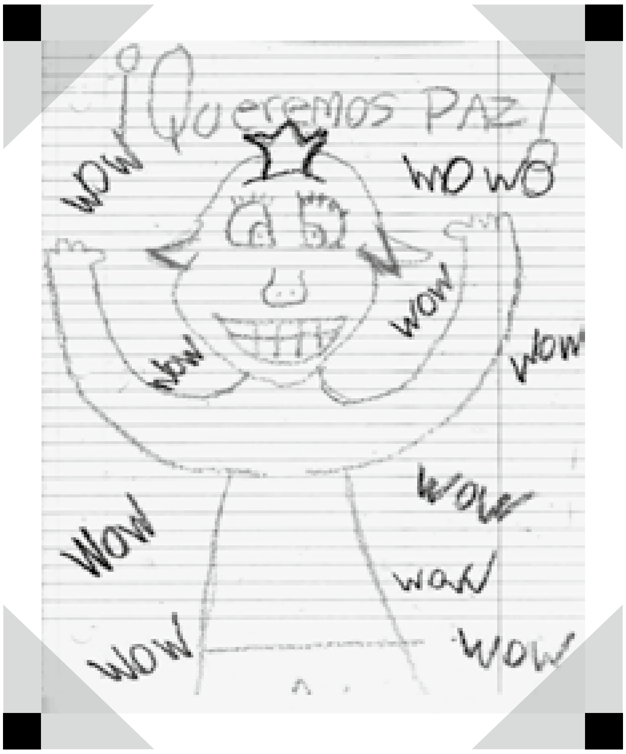
One idea that all of the authors in this issue of *Early Childhood Matters* seem to share is that violence is contagious – something exemplified by the mapping exercise shared in Elizabeth Ward's article about Jamaica (page 33). The more we see it in the community, the more we see it at home, and vice versa. But, as Susan Lee points out in an article on her experience with the Advancement Project in Los Angeles, in places with exceptionally high levels of community violence we need to stabilise the situation in order to make families' lives easier. In her words, 'before we can expect improved educational and health outcomes, the goal must be to achieve a basic level of safety so that children can learn and thrive.'

What I find *most* compelling in this series of articles, however, is the sense of hope. Hidden between

layers of text describing the gravity of the problem, authors in this journal have shown that there are things that we can do to reduce community violence and to mitigate the effects of this violence on young children. We *can* get away from what Susan Lee denominates 'a lethal absence of hope' and we have results to prove it.

- Detective Chief Superintendent John Carnochan explains how the Scottish police took the lead on a violence prevention strategy that has led to a 50% reduction in gang violence in Strathclyde (page 36).
- Yvonne Bezerra de Mello describes a harm reduction strategy for children who have been witness to violence, implemented through 150 schools in Rio de Janeiro, going into detail about the successful recuperation of three young children who experienced extreme levels of post-traumatic stress (page 40).
- Susan Lee writes about a programme run by Mayor Antonio Villaraigosa that has helped reduce homicides by 33% in some of the most violent neighbourhoods of Los Angeles (page 44).
- Alicia Lieberman shows evidence from randomised controlled trials of how parent–child psychotherapy has improved child and maternal mental health after exposure to violence, evidence which has informed a Child Development – Community Policing Programme implemented in 16 US sites (page 48).
- Charles Ransford recounts the experience of Cure Violence, which has achieved reductions of between 16% and 56% in shootings and killings in Chicago and Baltimore and is now being replicated in South Africa and Iraq (page 54).
- Mayor Rodrigo Guerrero of Cali discusses VallenPaz, a strategy that returned 400 families who had been violently displaced to their homes and prevented any further displacement despite the ongoing conflict in the area (page 59).

These stories and others like them are the ones that I think we need to help people remember. Explaining the extraordinary impacts on a young child's brain of just growing up around this kind of violence may get us an extra five minutes of a policymaker's time, but unless we can offer some semblance of tangible hope then the hard facts will eventually fall on deaf ears.



'We want peace!' – Mariana, age 8. Photo • Courtesy Ririki Intervención Social

At the Bernard van Leer Foundation, our work on preventing community violence is focused in Rio de Janeiro and Recife, Brazil, where we aim to help build some stories of measurable success that we can share with you in the future. The article by Da Silva and Shaw (pages 21–5) sets out some of the strategies we hope to test, and we are also planning to hold a conference in Brazil of the most successful community violence prevention models in the region to infuse our partners on the ground with practical ideas for change.

If we are successful, then I hope to be able to write in a future edition of *Early Childhood Matters* not only that the shootings and killings are down and that Dr Muggah's child security index shows kids feel safer, but that the average 7-year-old boy is growing up with a new notion of what it means to 'get respect'.

Community violence, toxic stress and developing brains

Nathan A. Fox, Department of Human Development, University of Maryland, USA, and Jack P. Shonkoff, Center on the Developing Child, Harvard University, USA[1]

How does growing up in a violent community affect young children's developing brains? While this specific question is not yet well researched, an increasing amount is known about the neurological impact of 'toxic stress' more generally. The following is a summary of a longer article by Professors Nathan A. Fox and Jack P. Shonkoff, published in issue 116 of *Early Childhood Matters* (2011).

All children experience fears during childhood, including fear of the dark, monsters and strangers. These fears are normal and temporary. However, chronic activation of the body's stress response systems – as may occur, for example, when living in a violent community – has been shown to disrupt the efficiency of brain circuitry and lead to both immediate and long-term problems in learning, behaviour, and both physical and mental health. This is especially true when stress system overload occurs during sensitive periods of early brain development.

When children repeatedly experience fear, fear can become generalised. Raised levels of the stress hormone cortisol strengthen the formation of memories of fearful events, while impairing memory formation in non-threatening contexts. This can lead children to lose the capacity to differentiate between threat and safety – for example, interpreting an ambiguous facial expression as anger – with implications for their ability to form healthy relationships. Generalised fear is thought to underlie the development of anxiety disorders, such as post-traumatic stress disorder.

Heightened stress has been shown in animals to impair the development of the prefrontal cortex, the brain region that, in humans, is critical for the emergence of executive functions – a cluster of abilities such as making, following and altering plans; controlling and focusing attention; inhibiting impulsive behaviours; and developing the ability to remember and incorporate new information in decision making. Evidence shows that prolonged exposure to fear can impair early learning and adversely affect later performance in school, the workplace and the community.

Research tells us that fears are not just passively forgotten over time, they must be actively 'unlearned'. However, while the amygdala and hippocampus are the main areas of the brain involved in fear learning, the prefrontal cortex is much more important in fear unlearning. Not only does the prefrontal cortex mature later in life, its development – as we have seen – can be impaired by prolonged exposure to stress. Consequently, the effects of toxic stress in early childhood can be long-lasting and hard to recover from.

Reference

Fox, N.A. and Shonkoff, J.P. (2011). How persistent fear and anxiety can affect young children's learning, behaviour and health. *Early Childhood Matters* 116: 8–14. Available at: http://www.bernardvanleer.org/Hidden-violence-Protecting-young-children-at-home (accessed October 2012)

Note

1 For updates on the Center on the Developing Child's latest research on toxic stress, visit http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/

The impact of public violence on children: the current state of research

What does current academic research tell us about the impacts of public violence on young children? This article briefly summarises two pieces in the *Encyclopedia on Early Childhood Development*[1]: 'The effects of community violence on child development' by Nancy G. Guerra and Carly Dierkhising (2011), and 'Effects of physical family and community violence on child development' by Holly Foster and Jeanne Brooks-Gunn (2011).

Much remains to be discovered about the impacts of experiencing violence in the community on children's development. For example, there has been relatively little research on the impact on preschoolers compared to older children. Most studies look at samples of children who are disadvantaged in multiple ways, and do not attempt to disentangle the effects of exposure to community violence from those of other stressors and risk factors. More longitudinal studies are needed to isolate the influence of violence exposure over time.

The majority of research on community violence has been conducted in the USA (Pinheiro, 2006). This research suggests that around 25% of children have been exposed to community violence (Finkelhor *et al.*, 2010). Among the few international studies that exist, research among 8–13 year olds in Cape Town, South Africa, found that 40% had witnessed someone being killed in their neighbourhood (Shields *et al.*, 2009). Few studies have attempted to isolate the effects of hearing about violence, witnessing violence or being a victim of violence, instead bundling these into the cover-all term of 'exposure' to violence.

Research does, however, clearly show that children exposed to violence are at greater risk of various developmental problems. It is well established that children who are raised in a violent environment are more likely to behave violently in turn, displaying behaviour including aggression, delinquency, violent crime and child abuse (Dodge *et al.*, 1990). Children exposed to violence have higher rates of mental health problems during childhood and adolescence, including depression, anxiety and post-traumatic stress disorder (Sheidow *et al.*, 2001). Recent research also finds consistent links between exposure to community violence and asthma in children (Wright *et al.*, 2004; Sternthal *et al.*, 2010), including wheezing among preschoolers (Berz *et al.*, 2007).

'Research does clearly show that children exposed to violence are at greater risk of various developmental problems.'

A recent meta-analysis found that the effect most strongly predicted by exposure to community violence was post-traumatic stress disorder (Fowler *et al.*, 2009). The greater the exposure to violence, the more serious the symptoms (McCart *et al.*, 2007). In adolescence, these symptoms may include depression and withdrawal (more common among girls), or hypersensitivity to perceived threat (more common among boys) (Attar *et al.*, 1994).

Pathways and potential solutions

Through what pathways does community violence affect young children? Studies point to the importance of maternal distress, as preschool children are likely to experience community violence in their mother's company (Linares *et al.*, 2001). For example, in one US study of children aged 3–5, community violence was found to increase maternal distress, which in turn was found to lead to children being more hesitant with their peers and interacting less positively with others (Farver *et al.*, 1999).

When very young children are exposed repeatedly to community violence, they can find it hard to form trusting relationships (Osofsky, 1995). This neurobiological reaction is adaptive in that lack of trust is likely to be conducive to a child's survival in violent settings. However, research shows that its effects on brain development are so profound that they persist even when the environment is no longer violent and the lack of trust is no longer adaptive (Perry, 1997). The lasting effects of lack of trust include interfering with children's development of a secure sense of self and confidence

Gunn, 2009). Boys from cohesive families have also been found to be less likely to respond to community violence by themselves perpetrating violence. Further work is needed, however, to better understand these potential buffering influences of school, community, family and individual resources.



For some children, exposure to community violence creates a constant state of fear. Photo • Jon Spaull/Bernard van Leer Foundation

to explore their environment, and can compromise relationships well into adulthood.

For some children, exposure to community violence creates a constant state of fear. While the stress response apparatus in the central nervous system is adaptive in one-off 'fight or flight' situations, heightened stress hormones for extended periods can lead to such problems as being likely to perceive threats when none is actually there, and to respond either by withdrawing emotionally or by lashing out with unnecessary violence (Pynoos, 1990; Margolin and Gordis, 2000).

How can the effects of children's exposure to violence be minimised? Social support has consistently been found to buffer the effects of violence on children's problem outcomes (Proctor, 2006; Foster and Brooks-

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Note

1 The *Encyclopedia on Early Development* is available online at: http://www.child-encyclopedia.com (accessed September 2012).

The effects of community violence on children's cognitive performance and self-regulation

Patrick Sharkey, Associate Professor of Sociology, New York University, USA

Research in Chicago shows that children who are exposed to a recent homicide in their community perform worse on assessments of cognitive skills and display impaired attention and impulse control when compared with other children living in the same communities but assessed at different times. Given the prevalence of homicides in Chicago's most violent neighbourhoods, the consequences for children's ability to learn and perform well in the classroom are potentially severe.

How can we measure the effect that community violence has on children? We can't simply compare children who live in violent communities with those who live in non-violent ones, because families do not randomly select into violent and non-violent environments. For a wide variety of reasons, some families are more likely than others to live in violent communities. That means we couldn't be sure whether any differences we found among children were being caused by community violence, or by those other factors that lead families to live in violent communities.

In a set of recent studies I have developed a different approach to identifying the effect of community violence by looking at children in the same community, but at different points in time. This research involves merging together data from different sources: data that have been collected from young people in Chicago neighbourhoods and data on the location and timing of incidents of violent crime in the city. From the first source of data it is possible to analyse the performance of children on a set of assessments designed to measure cognitive skills and self-regulatory behaviour, and to identify where children live and when they were assessed. From the second source it is possible to see where and when incidents of extreme violence, like homicides, occurred. Merging these sources of data by location and timing, it is possible to assess whether recent local homicides had any effect on children's scores from the various assessments.

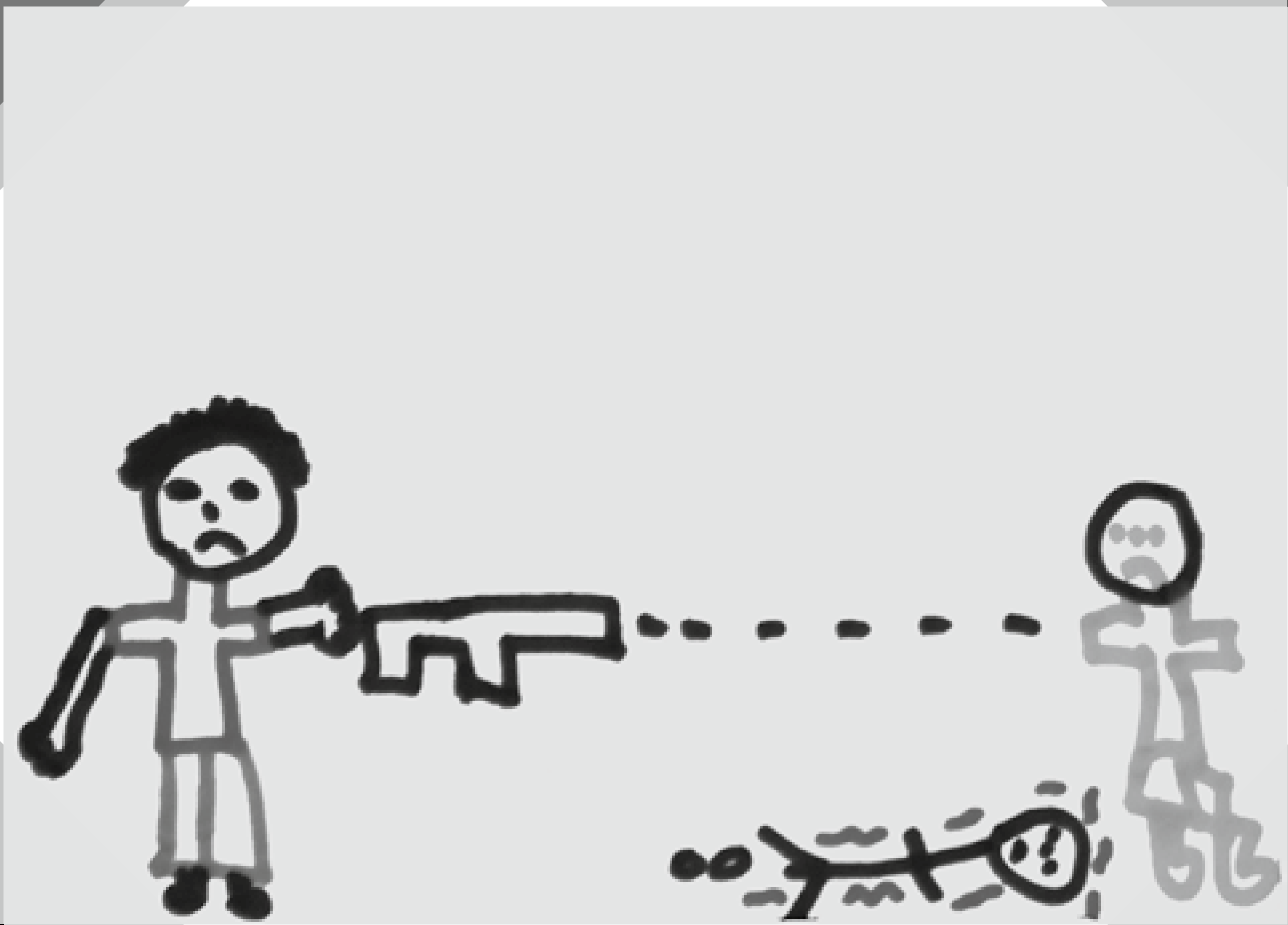
In the first article, published in the *Proceedings of the National Academy of Sciences* in 2010 (Sharkey, 2010), I used data from a survey of children and families in Chicago conducted between 1994 and 2002, the Project on Human Development in Chicago Neighborhoods (PHDCN)[1]. The assessments measured children's vocabulary and reading skills, and have been shown by other research to capture dimensions of cognitive skills that are strongly predictive of later educational attainment, labour market success, health, and criminal behaviour.

The interviews for the PHDCN were conducted over a period that spanned several months, creating a natural experiment – some of those children were assessed when there had recently been a homicide in the neighbourhood, while other children in the same neighbourhood were assessed when there had been no recent violence. This enabled me to ask if children performed less well on cognitive performance tests when there had been a recent local homicide. I found that they did. If African American children were assessed at a time when there had been a homicide in the neighbourhood within the previous week, their scores on tests of cognitive skills were substantially lower than other African American children in the same neighbourhood who were assessed at a different time.

What the research tells us – and what it doesn't

It's important to stress some of the things this research doesn't tell us. It doesn't shed light on the mechanisms through which community violence translates into children's lower levels of cognitive performance. There is a large literature demonstrating that children exposed to violence show elevated rates of symptoms related to acute or post-traumatic stress disorder, including disrupted sleep, anxiety, reduced awareness, and difficulty with concentration. All of these are potential mechanisms that might explain the impaired performance on assessments of cognitive skills, but the data are not equipped to test for any of these mechanisms.

The research also doesn't tell us anything about permanent impacts on cognitive development. Still, simply by looking at the number of homicides in the city's most violent neighbourhoods, it is possible to make



Drawing by a child from Favela Santa Maria, Rio de Janeiro, Brazil, as part of a research that revealed that children still had intense memories of the public violence they had witnessed. Photo • Courtesy CECIP

some inferences. If we simplify the study's findings somewhat and assume that a homicide within a child's census tract impairs cognitive functioning for roughly one week, this means that children in the city's most violent neighbourhoods spend about one-quarter of the year functioning at a lower level in their home and school environments, due purely to the stress arising from local violence. If the effects of local violence compromise students' ability to learn, to maintain attention, and to perform well in the classroom, the long-term consequences for children's educational trajectories may be severe.

Finally, the research leaves open an unresolved question – these effects were observed in African American children, but not in Hispanic children. (Children from other racial groups were not exposed to local violence in sufficient numbers to be included in the analysis.) One possible explanation is that the victims of homicides are disproportionately African American, and the homicides may thus feel less salient or less threatening in the lives of Hispanics. However, the data are not sufficiently detailed to test this hypothesis, which would require additional research.

What the research does reveal very clearly is that local violence weighs on the minds of children. It suggests that we shouldn't merely design interventions to provide treatment or counselling for children directly exposed to violence – rather, we should recognise more broadly the impact that violence can have on children throughout the community, regardless of whether or not they witnessed the violence directly or were personally victimised by it.

Effects on preschoolers' self-regulation

A second study, shortly to be published with several collaborators in the *American Journal of Public Health* (Sharkey *et al.*, 2012, in press), used data from interview assessments conducted as part of the Chicago School Readiness Project (CSRP), a randomised controlled trial of Chicago preschoolers in Head Start programmes from 2004 to 2006. Data from the CSRP, an intervention conducted by developmental psychologist Cybele Raver, included measures of children's self-regulation, such as attention and impulse control, as well as pre-academic skills such as vocabulary and early math skills.

> *'Children's exposure to community violence may result in consequences that have the potential to alter educational trajectories and a range of subsequent health and social outcomes.'*

Using a similar design to that of the initial study, we found that local homicides within the past week had strong effects on students' attention and impulse control. These effects were stronger the closer the homicide had occurred to where the children lived, with effects approximately doubling for homicides within 1000 feet (300 m) of the home compared to 2500 feet (750 m). Looking at pre-academic cognitive skills, we also found statistically significant effects for homicides occurring within 1500 feet (450 m) of the child's home.

The data available from the CSRP allowed for additional analysis of the effects of local homicides on parents' self-reported mental health, which appeared quite strong. This finding provides a hint that parents' psychological distress could be one mechanism through which exposure to community violence affects young children's behavioural and cognitive outcomes.

In summary, our research to date supports the idea that exposure to community violence may significantly compromise poor children's cognitive functioning and self-regulatory behaviour, with consequences that have the potential to alter educational trajectories and a range of subsequent health and social outcomes. The next empirical step will be to better understand and test the multiple direct and indirect potential pathways of influence linking exposure to local violence and early learning.

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Note

1 For more information on this project, visit: http://www.icpsr.umich.edu/PHDCN

In their own words: how young children in Ciudad Juárez experience urban violence

Nashieli Ramírez Hernández, General Coordinator of Ririki Intervención Social, Mexico

Realising that existing sources of proxy data were not adequately capturing the problem, Ririki Intervención Social analysed interviews with nearly 5000 children aged up to 8 years old in the Mexican city of Juárez. This article shares some of the resulting insights into how young children experience violence in their community.

Interview with Verito, a 7-year-old girl

Interviewer: *What is it you don't like about living here in Juárez?*
Verito: *What I don't like is the violence.*
I: *When did you start to notice the violence?*
V: *When I was six.*
I: *What made you notice it?*
V: *It all started when I turned six. There weren't any dead people or anything up to then. Now I'm seven and it's still going on.*
I: *When you get scared, what do you say to your mum?*
V: *When I get scared? Well, I just stay quiet.*
I: *And you never say anything to her?*
V: *No. When it's over I like to say something, but not when I'm frightened.*
I: *What kind of things do you say when you talk to her?*
V: *When I talk, well, lots of things, for example: can I have something to eat? Lots of things.*
I: *When you've been scared by the violence, what have you said to your mum?*
V: *No, violence is when I stay very quiet.*
I: *And why do you stay quiet?*
V: *To try and keep calm. Like the day when they said there were bombs at school.*
I: *You did tell your mother about that, didn't you?*
V: *They told my mum and my mum told me about it. She told me not to be scared. The very next day they were going to have the National Anthem competition and I was practising hard.*
I: *And later?*
V: *They stopped classes because of the bombs and the competition was cancelled.*
I: *Do you pray to God?*
V: *At night I cross myself and pray 'Now I lay me down to sleep, I pray the Lord my soul to keep.' That's all.*
I: *And when you're scared, what do you pray?*
V: *The same really. Lots of people say children have guardian angels, but I say that's not true, because lots of children have died.*

Verito lives in Juárez. In 2009, when this interview took place[1], she was one of nearly 280,000 young children under the age of 8 living in this Mexican border city. At that time, Juárez was experiencing the second year of an unprecedented surge in violence, making it one of the world's three most violent cities.

Juárez is a city in the middle of the desert, which grew rapidly with the rise of the *maquiladora* industry[2] in the 1980s. Women who work in the assembly plants typically have their hours changed at least once a week, making it difficult for them to make arrangements for their children. Like many children in Juárez, Verito spent her early years shut away at home – a house measuring 35 m^2 – because there are no childcare services or public play areas in her community. Only 10% of children under 4 have access to childcare, and three out of ten working mothers leave their children alone for at least three hours a day.

María Teresa Montero, an academic at Ciudad Juárez Autonomous University, points out that with the rise of the *maquiladora* industry many people wondered what would happen to the city when the children of assembly plant workers left alone to fend for themselves finally grew up. Today we are watching what has happened to the city, and we wonder in turn what is going to happen to it when today's children – the victims of violence – become adults.

....

The severe violence that now blights the streets of Juárez disrupts small children's lives in many ways.

Ulises, age 6

Ulises: *Sometimes my brother is scared, but I go with him.*
Interviewer: *What kind of things is he scared of?*
U: *Things that happen in the street.*

....



To make the problem visible, researchers set out to analyse social and educational interventions with the participation of children aged up to 8 years old. Photo • Courtesy Ririki Intervención Social

The majority of murder victims are young men, often fathers, whose widows have to take on responsibility for their children on their own.

Edgardo, age 7
E: *My dad died … They hit him with a stone in his forehead and then they stabbed him in the chest.*

....

Extortion, kidnapping and arson lead to workplace closures and loss of household income, while uncertainty and a sense of powerlessness pervade everyday life and contribute to violence in the home.

Marina, age 5
M: *Alexis fights with me, he's my brother and he's bigger than me. He hits me, he makes me cry and he tells me big lies. It's wrong to fight, you should respect children, you shouldn't hit little kids, and little kids shouldn't hit newborn babies.*

....

People avoid public places and shy away from contact with each other, undermining trust and community spirit; as it loses its public spaces, the city loses its ability to promote citizenship and social cohesion.

Edith, age 6
E: *I don't like being here because they were pushing a lady around.*

Where I live, there was a lady; one day they were going to kill her but she ducked just in time.

....

Often, however, the adults in children's lives are blind to the profound effects of witnessing violence and death at such an early age. We must acknowledge the mistaken belief that children are unaffected by violence because they do not understand it, as it is also rife in the institutional sphere.

Interview with Tamaris, age 4, and her mother

***Interviewer:** Why are you here?*
***Tamaris:** I came with my mum.*
***I:** And aren't you afraid?*
***Mother:** Say you're not.*
***T:** No.*
***I:** What's your name?*
***T:** Tamaris.*
***I:** And how old are you?*
***M:** Say you're four. You say how old you are.*
***T:** Four (she laughs).*
***I:** So it doesn't affect her.*
***M:** Not really, no, she's only small.*

The need to make the problem visible

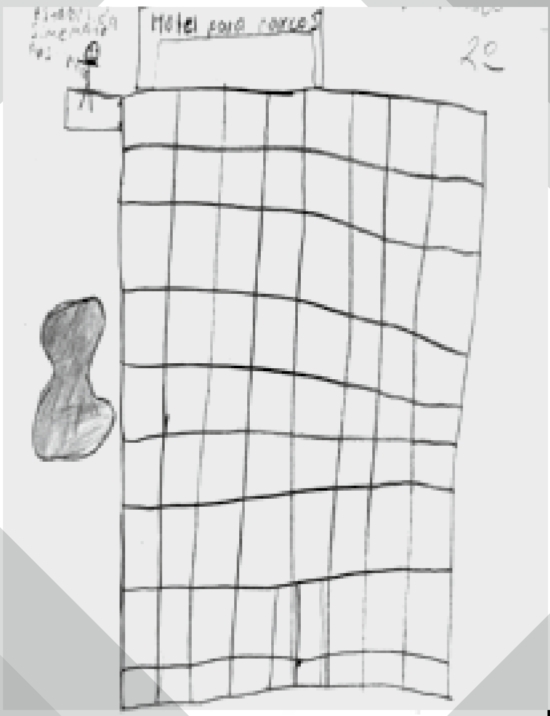
We knew from our work in the neighbourhoods of Juárez, in childhood development centres and in schools, that violence had a major effect on even the youngest boys and girls. However, existing proxy data – obtained from surveys on issues such as violence to women and family dynamics – were inadequate to bring the issue into the open. To address the issue in an orderly and systematic way, in 2008[3] we set out to analyse social and educational interventions with nearly 5000 children aged up to 8 years old.

The images and texts included in this article are part of this exercise, and are only a small sample of the enormous amount of material produced by organizations, academics and journalists working with early childhood in this city. This generated the publication *Un, dos, tres, por mí y por todos mis amigos: Las voces de las niñas y los niños pequeños de Juárez* (*One, Two, Three, by me and by all my friends: The voices of the young girls and boys of Juárez*)[4], featuring a series of eye-witness accounts by children aged 4 to 8, expressing their opinions, emotions and points of view about life in Juárez in their own words and images. They talk about love, the street, their families, violence and the city.

It clearly emerges that what is happening in Juárez is severely affecting the lives and circumstances of children. The primary effect of urban violence on the child population is undoubtedly fear and anxiety. They say they do not want to go out on the street to play because it is dangerous, but we also found that being shut away at home has its effects too. These results framed what we were starting to detect in the communities, namely delay and regression in development, in sphincter control and in psychomotor and language skills, with boys and girls barely 5 years old displaying symptoms of anxiety and stress. The majority of these signs were difficult to detect or to associate with having been exposed to violence from the mothers.

Interview with 4-year-old Rocío's mum

***Interviewer:** What happened?*
***Mother:** What we know is that they killed three people.*
***I:** Who is she?*
***M:** My daughter.*
***I:** How old is she?*
***M:** Four.*
***I:** And what does she think when she sees what's going on?*
***M:** Nothing, because we cover her up so she can't see it. We tell her not to look because she's very young.*
***I:** And doesn't she ask questions about it?*
***M:** Yes, sometimes she does ask what's happening and we try to explain things to her.*
***I:** What do you say to her?*
***M:** That the city is very dangerous, that some people have been killed.*
***I:** And how does she react?*
***M:** She seems to understand. She asks us why they do it and we try to explain things clearly to her. We tell her that they're people who do bad things, and that's why they get killed.*
***I:** And what does she say then?*
***M:** She doesn't say she's scared, she only says: 'Oh mum, look, they've killed someone else.'*



'I like this hotel for drug traffickers with its gold light bulbs' – Irving Leonardo, age 8. Photo • Courtesy Ririki Intervención Social

Alleviating the effects of violence on the lives of very young children

We need to raise awareness of the effects of violence on children's mental health, and the need for psychosocial care and mechanisms to identify and channel resources to the more complex cases. More broadly, however, we need to rebuild the social fabric, finding ways of living together that give a sense of identity and belonging. The Juárez experience shows the importance of putting young children's services, care and protection at the heart of rebuilding social fabric, for example through setting up safe havens for children. In some communities in Juárez, the idea that adolescents should be in charge of setting up and running these safe havens has been very successful.

We need to work on curbing social emotions such as anger, cruelty, revenge, fear and hatred, and reinforcing instead emotions such as trust, hope, reconciliation and the respect for difference, as well as self-regulation, impulse control and taking responsibility for one's own actions.

▪▪▪▪▪▪▪▪▪

As discussed elsewhere in this issue of *Early Childhood Matters*, we need also to work on changing the social norms that normalise crime and violence, and which our research shows permeate even to young children.

Irving Leonardo, age 8
I: *I like this hotel for drug traffickers with its gold light bulbs.*

While the violence in Juárez is extreme, what happens in the neighbourhoods of Juárez also happens, to a lesser extent, in the majority of cities around the world. City planning in most countries is currently failing to address the loss of social fabric, absence of social cohesion, lack of support networks, inadequate childcare services, pressures of life in houses measuring 40 m2, public areas being hijacked by crime, and so on – in other words, the social exclusion that is at the root of community violence. Our work with the young children in Juárez does, however, give us constant hope that they can successfully change their families, their neighbourhoods and their city.

Reference

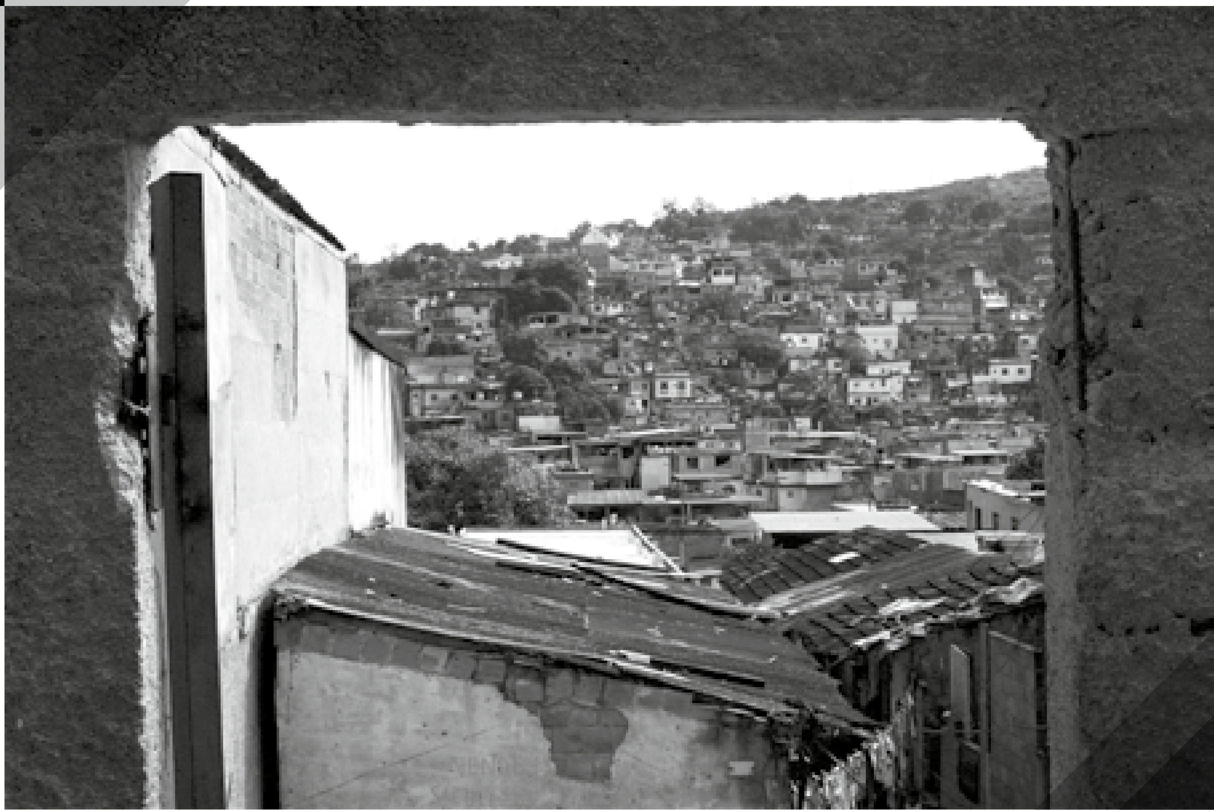
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Notes

1 Author's note: some words and expressions in the interviews and quotes in this article have been slightly altered to make them easier to understand by an international readership.
2 The term *maquiladora* refers to any partial, assembly or packaging type of production, carried out by a company based in Mexico that is not the original manufacturer. The finished products are then shipped back over the border into the USA. In Mexico, the assembly plant export industry started up in the mid-1960s as an economic response to rising labour costs in Japan and the USA.
3 Activities undertaken between 2008 and 2010 as part of the Childhood in Movement Programme promoted by the Bernard van Leer Foundation.
4 *Un, dos, tres, por mí y por todos mis amigos: Las voces de las niñas y los niños pequeños de Juárez* is a publication by the Childhood in Movement Programme, funded by the Bernard van Leer Foundation, 2010.

‘This isn’t what I dreamt about’: a mother’s experience in Mangueirinha, Brazil

Interview by Hermílio Santos, Coordinator, CAES-PUCRS[1], Porto Alegre, Brazil; transcription by Luana Barbosa



‘I’d like to live somewhere where the children can play, and where I can just lie down and be relaxed.’ – Beth
Photo • Courtesy *Terra dos Homens*

What is the daily reality of life like for mothers of young children in violent communities? This article presents edited excerpts from an interview with a mother of five children who lives in Mangueirinha, a violent *favela* in the metropolitan region of Rio de Janeiro, Brazil.

I met Beth in the office of *Terra dos Homens*[2], which conducts social work with children, adolescents and mothers. With the ‘pacification’ process of some *favelas* in central Rio de Janeiro, the battle between police and drugs gangs is moving to *favelas* on the outskirts, such as Magueirinha, where Beth lives. Beth is 35 years old and mother of five children, aged 16, 12, 10, 9 and 7, from two relationships. Her testimony typifies the human stories that lie behind statistics of violence.



'Where am I going to live?' That's the question they ask. 'I prefer to stay here …' so they carry on with the life that they've got.
Photo • Courtesy *Terra dos Homens*

'Because I am both the man and the woman of my house, who can I talk to about anything?'

***HS:** Beth, tell me about your memories of when you were a child.*

Beth: I had a good childhood. There was a huge back yard where we used to play. My father finished with my mother and she re-married. I lived with my grandmother, studied a lot, and looked after my brother because my grandmother used to work. When my grandmother arrived home she really enjoyed being with us. Although I didn't live with my parents, I had contact with them, but the person who gave us love was my grandmother.

And when you first had children …

When I got together with a guy and had my first son, he went to live with my grandmother. My grandmother

used to say that I was very young, that I didn't know how to look after children properly. Then I had another child, a daughter, and she went to live with my grandmother as well, and then I split up with the guy and lived alone. Then I got together with another boy, I had three children with him. My grandmother died when my eldest son was 10 or 11 years old, and he went to live with my mother.

Tell me about your children's fathers.

My first husband was a great guy. He worked, he gave me money, he bought things for the children. But he started to be unfaithful, and I sent him packing. I tried to talk to him, so that he could at least see the children again, because my kids missed him, you know ... But he said, 'if I come back, it will only be to get back with you.' I said no chance, and then he disappeared. I never saw him again.

And your second husband?

When you're going out with someone, you don't know much about them, you only know about them once you live with them. After our second child together he started hitting me, hitting my head against the wall. I discovered that he was using drugs. And then one day I couldn't take it any more: I got everything together and left. I got my children, and I left the house, and came to live here, near my mother. I left everything there and came here. I went with nothing, just me, my children and my documents.

Do you have contact with him?

Yes, I am in contact. He is a great dad, my children love him. I have nothing bad to say about him. But I'm not going to actually live with him. You understand? For the other things he was a really excellent husband, but after everything he would beat me for nothing. I said 'no, no, this is no way to live for me.'

Do your children all go to school regularly?

They all go to school regularly. They study hard. They say, 'Mum, we want to pass the year.' One wants to be a firefighter, and I said to her, 'if you want to be a firefighter, you are going to have to study a lot.' I took her to a fire station and they showed her all the things they have there, and it was really good! That was her dream, and when she visited the station it moved her to tears. She never used to be interested at all, but now she pays attention in class.

What activities do they do outside of school?

They go up to the fields to fly a kite, play football, or they're on their bikes. They have a lot of fun. One takes part in ballet, another does a dance class.

Have you still got friends from your childhood?

A lot of my female friends are housewives. I've got some friends who work as street vendors. And there are some that don't do anything; they rely on their mum or their dad.

And your dreams ...

I don't have any more dreams; I don't even remember any more about my dreams. I did have dreams, but I don't remember any more ... The dream that I used to have was to have a family, a big house ...

And so today, when you think ...

About my dreams? I see that it is completely different, because where I live now ... I live here in a violent place. Just now there was an exchange of fire, you have to run inside with the child. Because the police arrive, shooting everywhere, the police are firing so the criminals are firing everywhere as well, you know. So I think, bloody hell, I didn't ask God for this, this isn't what I dreamt about, I'd like to live somewhere that doesn't have anything like this at all, you see? Live somewhere where the children can play, and where I can just lie down and be relaxed. Nobody dreams of this, nobody.

And you said that where you live is dangerous. What is it that makes it dangerous?

Because of the police that come up here, firing. When the police aren't there, there is no problem. You don't see any guns, nothing. Everyone's just playing normally. My eldest son says, 'I'm young, but it won't be long until they start wanting to beat me up.' Because that's the way it is, when you live in the community, you are a suspect. My children tell me that where we live is a horrible place, a place where they feel like prisoners, they have no freedom.

Tell me about your experience with Terra dos Homens.

I've been 4 years in this project. I came at first to receive milk and porridge. I had no support from anyone. I used to collect old tin cans ... My son, when he was 11, used to go with me at 5 in the morning to collect tin cans, plastic and bottles, to sell at the junkyard, so that we could have something in at home for us to eat. When the project arrived, you know how much I weighed? 48 kg. So you see how I was suffering with hunger. Now I weigh 57 kg. And I could go there and talk to them – they were always ready to listen. I got more confident. I needed to talk to a psychiatrist, because sometimes you need someone to talk to, you know. Because I am both the man and the woman of my house, who can I talk to about anything? Now I have an income, with a proper job contract.

What of other women that are in your situation, have they had similar experiences?

I know lots of women who pick rubbish as well, who are mothers. This family that I know, the girl's got nine children and her husband also beats her. She left the guy and now she is living her own life. Now her life is better. Often men hit women because of jealousy, that's what I think, because I was beaten and I didn't know why I was being beaten. There are lots of women that get beaten because they depend on their husbands, because they don't work. 'Where am I going to live?' That's the question they ask. 'I prefer to stay here ...' so they carry on with the life that they've got.

And your children, are they involved in drugs, or have they ever been?

No. No, just on the one occasion my son drank a lot of vodka, and arrived home vomiting. So I spoke to him and said, 'Now listen, you don't work, you're young, and this can turn into an addiction ...' understand? Because when people don't have money to buy things, that's when they start to steal, not just for drink but for drugs. I said to him, 'Don't get involved.' I said to him that if he drinks again, I'll give him a hiding.

What would you say to other women, other mothers ...?

I would say to them that they should take their life forward, and follow the goal that their heart leads them to. Women shouldn't have to suffer like this. Yes, we need a husband, but someone who likes us, that's not going to mistreat us. Bounce back and decide what you want to do. I started to fix my hair, I have make-up and I look nice. When people see me on the street they don't recognise me because I've changed so much, my teeth were all rotten and now they are nice and clean. It was through my willpower that I was able to achieve this. I lifted my head up, and said, 'my children depend on me.'

Notes

1 CAES: Centro de Estudos Sociais e Econômicos (Centre for Economic and Social Analysis)
PUCRS: Pontifícia Universidade Católica do Rio Grande do Sul (Pontifical Catholic University of Rio Grande do Sul)

2 *Associaçao Brasileira Terra dos Homens* is a non-governmental organisation that works with children and adolescents who have been victims of human rights violation. Its methodology focuses not only on the children, but also on their families and communities. *Terra dos Homens* has been a partner organisation of the Bernard van Leer Foundation since 2008. For more information visit: www.terradoshomens.org.br

Understanding gang violence in the *favelas* of Recife

In 2011, the Bernard van Leer Foundation commissioned Shine A Light to conduct intensive qualitative research into what motivates young teenagers to take up a life of urban violence in several *favelas* of Recife, Brazil, and to suggest possible ways forward. This article summarises the resulting report (Da Silva and Shaw, 2011), which is available in full online, and the Foundation's planned next steps in grantmaking.

Is it primarily prevailing social norms which turn young children into violent young adults, and if so how can we change the image of the kind of man a boy grows up wanting to be?

In interviews with members of gangs, it became clear that there are three main motivations for young teenagers to 'enter into that life', in the phrase commonly used to describe a boy embarking on the path of drug dealing and gang membership.

The first is a reaction to the injustice and indignity which young *favela* residents suffer on a daily basis. It is not only the stark inequality between the *favelas*, with their lack of basic public services, and the much wealthier neighbourhoods with which they are interspersed. Overwhelmingly, *favela* residents interviewed for this research – from 6-year-old children to 80-year-old grandmothers – talked bitterly about their experience of police brutality. Everyone had stories to tell of innocent young people beaten up during police raids, for no apparent reason.

Those police raids, which are supposed to be tackling the gang culture, in fact have the effect of perpetuating it. Joining gangs is seen as the easiest way for young men to channel their anger and express their resistance to the oppression they experience. Although gangs do not typically fight the police directly – an act which would effectively be suicidal, given the police's much greater resources – the way of life itself is seen as a form of revolt. Secondly, there is the desire for independence. In the same way that a 25-year-old college graduate in New York might be ashamed of living with his parents, a 13- or 14-year-old in the *favela* may begin to see their desired consumer purchases as a burden for their families, using money that would be better spent on younger siblings or on food. Especially since the prohibition of child labour in Brazil closed off other legitimate routes for young teenagers to start to provide for themselves at the age when they are culturally expected to do so, drug trafficking is seen as an obvious way to be able to afford to buy gifts for girls, or fashionable clothes.

This brings us to the third, and probably most important, motivation: the desire for social status, or to be 'considered' – that is, respected, recognised, or well thought of. Our research found that becoming a teenager typically leads to a desire to be 'considered' by older peers, more than by mother and siblings, and that this can lead to behaviour that results in gang membership even where there has been no conscious decision to take this path.

Conspicuous consumption and honour killings

The desire to be 'considered' overlaps with, but should not be confused with, a simple desire for money. One of the greatest surprises of this research was how little money a street-level drug dealer earns. Working hard, he may be able to sell a bag of 30 rocks of crack cocaine in 3–4 days, earning R$100 (about 40 euros) in the process; over the course of a month, provided he avoids encounters with the police and resists the temptation to use the rocks himself or give them to girls as gifts, he will bring in something like R$700–800 – a little over the minimum wage of R$540 per month.

By comparison, a recycler – the most despised job in the city – earns R$1000 for a month of good work, while a barber can earn R$2400 per month. In all, we estimate that drug trafficking accounts for only around 7% of the income of a *favela*. The *dono da boca* (*favela* gang leader) earns more than the street dealers: the bag of 30 rocks from which a dealer earns R$100 will actually retail for R$300, with the *dono* expecting to be given the R$200 difference. The big money, however, is made by those in the wealthier neighbourhoods from whom the *donos de boca* source their drugs.

Most of the dealers' clients, too, live in wealthier neighbourhoods and venture into the *favelas* only when they need to buy more rocks. Effectively, the *favelas* are merely the marketplace where the dirty, dangerous and criminal business of dividing the rocks into retail quantities and selling them to consumers takes place. It is a form of outsourcing, to keep the violence associated with the drugs trade off the streets of the wealthier neighbourhoods.

Interestingly, our research revealed a difference in the perception of money earned honestly and through trafficking, and consequently a perception that drug dealers are wealthier than barbers. When a person earns money through an honest career, there is perceived to be an obligation to spend this money for the good of his family: on food, housing, gas and water and electricity bills. But when someone gets money dishonestly, he has the right to spend the profit on luxuries, like a pair of fashionably branded shorts or an expensive baseball cap. Honest money is for survival, while dishonest money is for showing off.

Here we arrive at an essential element in understanding the motivation to sell drugs or join a gang: by wearing a t-shirt that costs R$80 or a pair of shorts that cost R$180, a young man is sending out the signal that he has so much money he can afford to waste it. This brings 'consideration', for reasons explained by Thorstein Veblen's work on conspicuous consumption (1899), and manifested in other cultural contexts through such phenomena as potlatch (an indigenous festival in which families compete to give away the most resources).

Closely related to the concept of 'consideration' is that of 'honour', which we found explains the majority of murders in the *favelas*. These are not, as many people assume, primarily the result of gang wars; rather, they are more to do with unpaid debts. Our researchers learned that an unpaid debt as low as R$10 can be considered grounds for murder – it is not the financial amount that matters, but the insult to honour associated with someone's failure to repay a debt. Interestingly, people in the *favela* will generally have heard rumours that these murders as payment-for-debt, and indeed gang wars, will happen several days ahead of time.

What NGO interventions have got wrong

In the 1990s, when murder rates in Recife were climbing at 12–14% per year and approaching the frightening number of 100 homicides per 100,000 inhabitants, both the government and many NGOs developed actions to reduce violence or promote peacemaking. However, these had unintended consequences. Some focused on particular neighbourhoods, and were very successful in reducing homicides in those locales – but they merely relocated the drug trade and associated violence into nearby neighbourhoods which were formerly safe.

The work of NGOs, meanwhile, has largely focused on 'getting kids off the street' – a slogan borrowed from earlier campaigns to tackle homelessness. Although well-meaning, the failure to distinguish homeless children who *live on* the street from *favela* children who *play in* the street has had undesired consequences. Even dealers and gang leaders to a large extent respect cultural norms about protecting children, meaning that clearing children off the street can actually make it more likely that violence will be perpetrated there.

More fundamentally, for the working class in Brazil, the street has always been a space for socialisation and education. Kids play in the street, kick balls, and follow older siblings around, learning with them what is safe and what isn't. The work of NGOs to 'get kids off the street' ignores and undermines this duality of the street as a place where good and bad things happen, instead defining the street as a place occupied by 'bad things'. By doing so, it creates a distinction between 'good kids' hanging out in NGO project buildings and 'bad kids' hanging out on the street, effectively implying that the latter are doomed to a life of criminality.

Other NGOs working with children through culture, art and music, have also – with the best of intentions – created a problem: a large population of smart, talented young people who no longer see oppression and misery



The research team (including Helena Iara, the baby, who was a more important part of the research than anyone might have expected) editing one of the films for the project.
Photo • Kurt Shaw

as inevitable, but who live in a world where it is almost impossible to find a way to use their talents to get a salary or respect for themselves and their families. Many young people have emerged from these NGO programmes fired up with ambition to make a living in the arts, but discover that there are very, very few jobs to be had.

Some then find in the drug trade, however briefly and tragically, a place to use the leadership and entrepreneurial skills they learned in NGOs. Our researchers found that a similar dynamic plays out with football, as many drug dealers said they had been outstanding football players as children and only narrowly missed out on the chance to turn professional. Having had the chance to dream and then seeing those dreams ended, they are drawn to gangs as a way to chase the status and fortune they once believed their football skills could bring them.

Ways forward – what could be done?

Once you understand that the will to be 'considered' is the prime motivator behind young boys joining gangs, a new challenge presents itself: how to use the resources in the *favelas* to channel this desire for prestige and recognition more productively. Here we are encouraged by how many gang leaders and dealers told our researchers that they recognise their way of life is not a good one, and that they would rather their own children make an honest career than follow down the same path.

People interviewed during the research proposed many ideas for reducing violence in the city, most of them developed from Recife's culture of constant competitions, and extensive reflection by Shine a Light and the Bernard van Leer Foundation has refined some of these ideas into a coherent strategy for transforming the 'economy of prestige' in the five *favelas* along the Canal de Arruda so that young men and women know they can be recognised for their efforts far from the drug trade.

The economy of the image

Research pointed to television news as an important source of prestige and recognition: part of the reason why gangs are seen as a way to win 'consideration' is that the principal source of TV news about the *favela* is the daytime show *Hard Core with Cardinot*, an hour of news about murders, crime, and gang war. Although framed as a public service, given its tone of condemning violence, the show's underlying message is that stories of blood are the only stories worth telling. Cardinot's show is watched avidly in the *favelas*, making local celebrities of its protagonists.

> *'Once you understand that the will to be "considered" is the prime motivator behind young boys joining gangs, a new challenge presents itself: how to use the resources in the favelas to channel this desire for prestige and recognition more productively. '*

On the basis of this research, the Bernard van Leer Foundation has funded Shine A Light to develop FavelaNews, an internet-based news channel where children and young people report the unseen side of their communities. The channel will highlight stories about local sports and local kids who have 'made good', and draw attention to small-business owners, leaders, and teachers who really make the *favela* run, as well as doing in-depth reporting to understand the why and wherefore behind the violence. Children's enthusiasm for the first published stories suggests that we have found a medium that inspires them.

Only a mother's love

Gang members who spoke to our researchers were typically aware of and uncomfortable about the shame and distress their lifestyle has caused their mothers, and men who have successfully left the gangs and embarked on an honest career – which is difficult, but far from impossible – cite not wanting to hurt their mothers as the primary reason for doing so. This sense of guilt and responsibility has encouraged the Bernard van Leer Foundation and the Recife NGO *Pé no Chão* to develop a movement loosely modelled on Argentina's *Madres de la Plaza de Mayo.* The mothers of victims and perpetrators of the drug trade will find support in the group, but also a way to exercise pressure on their children and on the state.

Community mediation

Though the *favelas* around the Canal de Arruda are connected by kinship and shared culture, gang rivalries play such an important role in community identity that most people are afraid to enter other *favelas*. Fear and distrust of 'the *favela* on the other side of the Canal' serve as one of the most important motors for gang wars and honour killings. As a part of the FavelaNews project, a team of community mobilisers from Shine a Light and the local cultural NGOs *Darué Malungo* and *Ato Periférico* will sponsor a dozen parties and dances in the alleys and vacant lots of the *favelas*, where local artists from rival communities will play music that appeals to all tastes, from rap and funk to gospel and folk music. Graffiti artists will work with the community to paint a mural

based on the most important things to people there, while women from the community will prepare food to share.

In addition to overcoming the distrust and fear between communities, these events will develop friendships and romantic relations that might be able to defuse conflict before it happens. Before every event, the FavelaNews team of reporters will talk with people in the alley where the party is to take place, asking for recommendations for stories and filming day-to-day life in the *favela*. The reporters will show these stories, along with other films from FavelaNews, during the parties, so that the community can see that their ideas can have an immediate and positive impact.

Economic transformation

Although money is not the prime motivator behind joining the drugs trade, employment and economic opportunity do play important roles. The research for *Cartography of the Favela* revealed an impressive range of small businesses in the communities as well as a surprising demand for their services, but management capability generally limits the size and scope of these enterprises.

The Bernard van Leer Foundation is collaborating with the Baobá Fund for Racial Equality to train and finance entrepreneurs in the *favelas*, especially those working in the creative economy (music, fashion, crafts) to increase job opportunities for ambitious young men and women who might otherwise find hope for prestige only through the drug trade. FavelaNews will also try to give more prestige to honest economic success through stories about businesses that have made a difference in the community.

At the end of the year's pilot project, FavelaNews will bring the whole community together in the *Congresso do Canal*, a day-long party and peace conference, where thousands of people from the previously warring *favelas* can come together to dance, create art, and make future plans for living together along the Canal de Arruda. The Bernard van Leer Foundation hopes that these efforts will pave the way towards a situation in which young children have more meaningful alternatives to gang life as they grow older.

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Preventing violence against children in fragile and conflict-affected settings: a 'child security index'

Helen Moestue, Research Associate, and Robert Muggah, Research Director and Programme Coordinator for violence reduction, Igarapé Institute, Rio de Janeiro, Brazil

There is an urgent need to better understand the experiences and vulnerabilities of children in fragile and conflict-affected settings. This article proposes the development of a Child Security Index composed of administrative and perception-based metrics.

Much of the debate on violence against children residing in fragile and conflict-affected settings is based on partial and uneven evidence. Information is often anecdotal rather than data-driven and claims are often made without resort to clear baseline information. However, new and innovative data collection methods are increasingly being tested and applied in fragile settings, including participatory approaches to capture children's voices, perception surveys to track public opinion, and geo-spatial mapping systems to facilitate analysis of trends and relationships.

A more systemic approach to research that captures public perceptions and attitudes towards violence against children – including the views and observations of children themselves – could contribute to a more sophisticated understanding of risks they face while also facilitating evidence-based programming. This abbreviated article explores how a simple but robust instrument – a Child Security Index (CSI) – could be applied in a variety of settings to generate meaningful data that are comparable over time and space.

The difficulty of a adopting such an approach should not be underestimated. Indeed, the tools frequently deployed to undertake assessments are blunt. For instance, household survey-based attempts to gather data on children in conflict and fragile settings regularly fail to capture the situation of children not living with their families. Children are often separated from their families either as refugees, displaced, disappeared, or in the ranks of armies and insurgency groups. What is more, these children register specific vulnerabilities that require careful, and ethically grounded, attention.

Another important factor that must be anticipated when mapping child insecurity relates to how public manifestations of violence are associated with private forms of child maltreatment. For example, domestic violence against women and children frequently increases in stressful situations (WHO, 2002; UNICEF, 2010). Likewise, Singh and Fairholm (2012) contend that violence in the home and at school can also shape and trigger incidents of collective violence on the street. Exploring the linkages between public and private forms of violence is central to a comprehensive treatment of the ways children experience and cope with violence.

Reviewing tools and data

A rash of initiatives has been launched to improve data collection since the publication of the seminal *World Report on Violence against Children* (Pinheiro, 2006). Few of these efforts, however, have yet to be tailored to fragile and chronically violent circumstances. Even so, there are some examples of instruments that could, if carefully adjusted, have application for a wider array of contexts. Several of these have been collated by the inter-agency Child Protection Monitoring and Evaluation Reference Group (CP MERG).

Among those tools gathered together by CP MERG are UNICEF's *Manual for the Measurement of Indicators of Violence against Children* (2006), USAID's *Violence Against Women and Girls: A compendium of monitoring and evaluation indicators* (2008), the inter-agency *Emergency Child Protection Assessment Toolkit* (Ager *et al.*, 2010) and the Geneva Declaration Secretariat's *Armed Violence Metrics* (Gilgen *et al.*, 2010). In order to advance the discussion, CP MERG recently assembled a technical working group specifically focused on developing international guidelines to track violence against children.[1]

Meanwhile the use of information and communication technology is an emerging practice that warrants attention. In Benin, for example, Plan International is using mobile phones to map violence against children. Witnesses can send an SMS to an application called FLSMS connected to the website of Ushahidi which in turn maps cases of violence in the area.[2]

As yet, these tools and practices have not been rigorously tested in fragile and conflict-affected settings, where,



A more systemic approach to research that captures public perceptions and attitudes towards violence against children – including the views and observations of children themselves – could contribute to a more sophisticated understanding of risks they face while also facilitating evidence-based programming. Photo • Courtesy CECIP

for many good reasons, forms of data collection on violence against children have largely been qualitative. An excellent example is UNICEF's 2008 study of children's perceptions in the southern border area of Thailand. Here UNICEF administered a quantitative analysis of qualitative data collected from 2600 boys and girls aged 7–17 through methods such as drawing exercises (of 'good' or 'bad' people and experiences), visual stimulus, neighbourhood maps, sentence completion and essays (on 'my school' or 'visions of peace'). UNICEF partners also conducted an 'attitude' survey (UNICEF, 2008).

There are some important precedents for assessing the experience of victimisation and insecurity in fragile and conflict-affected settings. Specifically,

perception, polling and attitude surveys have long been administered in stable settings to capture people's views and opinions, and are increasingly applied in fragile and conflict-affected environments to inform government and donor interventions. Longitudinal data from repeated surveys are powerful if applied through a process of triangulation with other sources – including administrative statistics and complementary survey datasets – to identify trends, priorities and gaps.

There are also reasons to be cautious about household perception surveys and to recognise their limitations. As is well known to criminologists and behavioural social scientists, the public's fear of collective and interpersonal violence is not always in line with observed reality. For example, media reports of single events can influence attitudes and behaviours of individuals to a large extent. Likewise, there are many examples of residents in societies that are considered notoriously 'violent' registering higher than expected perceptions of safety and security.

> *'The public's fear of collective and interpersonal violence is not always in line with observed reality.'*

Even so, appraising people's attitudes, including why and how they change, can help policymakers and practitioners render the necessary changes to improve security and safety, including for families and children. An example of this can be traced to Croatia, where the United Nations recently conducted a public perception survey of security which informed government strategies on community policing (UNDP Croatia, 2009). A similar exercise was pursued by the UK Department for International Development (DfID) (2010) in Sierra Leone and showed dramatic improvements in attitudes towards the police over a short period of time during which an intervention had taken place. Although not necessarily demonstrating causality, such data are effective and powerful if used in conjunction with other sources through a process of triangulation.

Developing a CSI

In order to generate quality data for evidence-based advocacy and programming on violence prevention, it is important to develop a mechanism that accounts for the specific needs and vulnerabilities of children. This article proposes a Child Security Index designed to set out metrics to measure the real and perceived safety and security of young children in particular. While still at the preliminary stage of development, and confronting a host of methodological and ethical challenges, the CSI would be a hugely valuable tool to track the diverse ways in which children are victimised and cope during situations of intense duress.

Very generally, the proposed CSI is constituted by a basket of indicators that together allow a determination of the extent of real and perceived insecurity encountered by children in fragile and conflict-affected settings. The CSI also accounts for children's own qualitative views of their own experiences, capabilities, and response mechanisms. Selected indicators offer insights into the physical, psychological, and emotional well-being of children and ensure that they are not cast as passive actors, but rather active agents, even in the most complex of circumstances.

While still in development, the CSI will draw on both routinely collected administrative data and survey-based information that capture the direct and indirect effects of violence and indices of real and relative safety. Administrative data could include the incidence of violent fatal and non-fatal injuries (per 100,000) as a measure of real safety for children. Perception survey-based data could focus on children's views of community unrest and violent punishment, how and when they feel safe and afraid, notions of 'safe areas' in the neighbourhood and the like.

Methodologically, relevant information would be gathered through the administration of a survey questionnaire designed and administered by the Igarapé Institute[3] and partners in Latin America and the Caribbean. The format of the CSI survey will be informed by good practice and the accumulated experience of

Table 1 Prospective indicators for a Child Security Index (CSI)

	Prospective indicators (to be disaggregated by age, sex, violence type and other variables where possible and appropriate)
Physical harm from violence	Number of homicides in children during a 12-month period per 100,000 population
	Number of emergency room visits due to assaults on children during a 12-month period per 100,000 population
	Percentage of children who experienced any physical punishment in the past month (at home)
	Percentage of children who have been robbed or assaulted in their community within the last 12 months
	Percentage of children who have witnessed violence in their family or community within the last 12 months
Psychological harm from violence	Percentage of children who experienced any psychological aggression in the past month (at home)
	Percentage of children with 'high' life satisfaction (psychological/emotional well-being)
	Percentage of children with symptoms of psychological trauma
	Percentage of children who say they have feelings of 'fear', 'anger' and/or 'revenge' as a result of violence
	Percentage of children with manifestations of 'resilience'
Attitudes towards violence	Percentage of children and adults who believe that in order to bring up a child properly, one needs to physically punish him or her
	Percentage of children and adults who have confidence that punitive action will be taken against those who abuse children
	Children's and adults' views and experiences on 'conflict', 'unrest', 'guns' in their community
	Children's and adults' views and experiences on government and civil society agents and agencies for violence prevention/response
	Percentage of children who feel safe when alone, at home, walking to school, playing outdoors and in the street at night
Family impacts of violence	Percentage of children/families who underwent relocation or displacement in the past 12 months due to violence
	Percentage of children who underwent familial/social role change after family member was killed or hurt due to violence in the past 12 months
	Total direct financial costs (medical and non-medical) due to violence in the past 12 months
	Percentage of children who skipped (or were removed from) school because they felt unsafe due to violence in the past 12 months
	Percentage of children who were unable to access appropriate or timely medical care due to violence in the past 12 months
Public responses to violence	Proportion of children who know what to do or who to turn to in case of victimisation
	Percentage of children and adults who know how to report violent incidents, are willing to do so, and/or have done so in the past 12 months
	Percentage of children who were referred to and used recovery, reintegration or psychological support services in the past 12 months
	Percentage of children who report 'safe places' for them to be within their community
	Children's and adults' views on what supports or protects children

Sources: *BOND*, 2012; Bjarnasson et al., 2010; Dahlberg et al., 2005; Geneva Declaration 2010; Kolbe et al., 2012; Lippmann et al., 2009; Prinz et al., 2009; Save the Children, 2008; *UNESCO*, 2010; *UNICEF*, 2006, 2008; *USAID*, 2008; *WHO*, 2009; World Vision, 2011[4]

the Institute and other specialists in epidemiology and victimisation. Indeed, there is an array of basic principles that inform the administration of surveys in fragile and conflict-affected settings (WHO, 2004; United Nations Statistical Division (UNSD), 2008; Moestue and Muggah, 2009).

A number of pilot sites would be selected to test out the CSI. Indeed, these sites would include fragile and conflict-affected settings, including recently pacified areas of Rio de Janeiro and other urban settings such as Port-au-Prince. The survey will include core and supplementary questions directed to a sample of



Mapping exercise of a *favela* from the perspective of children living there. Photo • Courtesy CECIP

children and/or their caregivers depending on age and in accordance with recommendations from experts. The survey results would also be combined with other administrative data to form the CSI 'score'.

'The CSI focuses not just on casualties, but on private forms of violence against children, such as within the home, as well as public forms of collective violence, including gang and street-level violence.'

There is a wide-ranging literature on the ethical considerations associated with research on children and violence. Much of it focuses understandably on issues of informed consent, confidentiality, and wider accountability – along with specific child-friendly methodologies in researching issues around violence (Save the Children Alliance, 2004; Akeson, 2011; Carroll-Lind *et al.*, 2011). Given these and other concerns, it is

possible that the CSI would only draw on interviews with adults and with children older than 12. Indeed, when interviewing it is practically and ethically less challenging to ask about positive experiences and life skills than about violence itself, although the latter may be explored 'indirectly'. For example, children can be asked if they have skipped school due to feeling unsafe; and other adults who have day-to-day contact with children may act as proxy informants, including parents, siblings and teachers.

CSI applications

The overarching intention of the CSI is to develop an accurate measure of levels of violence against children in fragile and conflict-affected settings. The CSI focuses not just on casualties, but on private forms of violence against children, such as within the home, as well as public forms of collective violence, including gang and street-level violence. Eventually, a composite index capturing both real and perceived levels of insecurity among children could serve as a wider proxy of the extent of safety in a given setting.

In addition to drawing attention to the specific rights and needs of children who are by definition high-risk groups, the CSI will also address ways of enhancing policies and programmes. Specifically, a CSI will enable more effective targeting of interventions according to demonstrable need in distinct geographic and demographic settings. A CSI would also serve as a baseline to evaluate programmatic effectiveness over time. And as indicators would be standardised and systematised into an index, the CSI would facilitate careful comparisons between countries and cities.

An advantage of the CSI includes the application of geo-referencing methods to spatially analyse and present findings. On the basis of a shortlist of administrative and perception-based indicators and geo-referenced data gathered from surveys, it would be possible to spatially map and monitor how different categories of children are experiencing security and safety in areas affected by chronic and acute forms of violence. The visualisation of CSI scores by neighbourhood would allow for a more nuanced determination of vulnerability and priorities for intervention. We envisage that, with time, the geo-visualisation of CSI scores may be complemented by maps that have been generated through mobile phone reporting by children themselves.

Ideally, the CSI indicators would also that satisfy 'SMART' criteria (Specific, Measurable, Attainable, Relevant and Timebound). Furthermore, they will not just focus on negative risks and outcomes of violence but also on 'positive' indicators of well-being (see Lippman *et al.* (2009) for further discussion on indicator development). Data will be collected at the individual and household level and, in the case of street children or non-residents, in areas where they can be accurately sampled. CSI data will ideally be supplemented with data from other sources such as surveillance systems, incident reporting mechanisms, focus groups, small panel surveys, along with more comprehensive stratified, cross-sectional and/or cluster surveys.

The CSI will be piloted in purposively selected urban settings – specifically, a combination of low-, medium- and upper-income settings in Rio de Janeiro. This will allow for testing of the variance in CSI scores across socioeconomically diverse income groups as well as in areas affected by 'higher' and 'lower' rates of real and perceived violence. A comprehensive list of indicators, such as the one featured in the table below, will be pre-tested in order to arrive at a robust and relatively simple tool.

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Notes

1 For more information, visit the CP MERG website at: http://www.cpmerg.org
2 For more information, visit Plan International's website: http://plan-international.org/where-we-work/africa/benin/what-we-do/our-successes/mapping-violence-against-children-in-benin/
3 Details of the Igarapé Institute are available at: http://pt.igarape.org.br/
4 Additional sources are the Multiple Indicator Cluster Surveys (MICS) optional module on discipline (www.childinfo.org), the Health Behaviour in School-aged Children (HBSC) survey (www.hbsc.org/), and the Global School-based Student Health Survey (GSHS) (http://www.who.int/chp/gshs/en/).

The impact of urban violence on Jamaican children: challenges and responses

Elizabeth Ward, Chair, Violence Prevention Alliance – Jamaica and consultant, Institute of Criminal Justice and Security, University of the West Indies (UWI); Parris Lyew Ayee, Director, Mona Geoinformatics Institute and Head, Department of Geography and Geology, UWI; and Deanna Ashley, Executive Director, Violence Prevention Alliance – Jamaica and Honorary Research Fellow, UWI

The Caribbean region has one of the highest rates of criminal violence in the world, and Jamaica has even higher rates of violent crime than its neighbours. This article looks at the self-perpetuating impacts of community violence on Jamaica's economy and education system, the relationship between community and family and intimate partner violence, and the importance of evaluation in civil society initiatives.

In 2011, Jamaican police crime data showed 42 intentional homicides per 100,000 people, compared to a Caribbean average of 30 per 100,000 and a global average of 6.9 per 100,000. Even this high rate represents a recent improvement, as Jamaica's homicide rate was 52 per 100,000 in 2008 (Geneva Declaration Secretariat, 2011; Jamaica Constabulary Force, 2011). Homicide is the fifth-largest cause of death overall in Jamaica, and the leading cause of deaths among young males.

Beyond the personal tragedies of the individuals affected, urban violence has wider socioeconomic costs. The economy is affected by loss of investor confidence and the emigration of the educated middle class, extortion of small businesses by urban gangs, and productivity losses due to violence-related injuries, these having been estimated to reduce GDP by 4% (Butchart *et al.*, 2008). Along with the higher police costs necessitated by violence, the cost of violence-related injuries to the Jamaican healthcare system has been estimated at 12% of Jamaica's total health budget (Ward *et al.*, 2009).

Violence impacts on the education system both psychologically and economically. Some children do not attend school because their parents cannot afford it, while others have difficulty focusing because the violent environment feeds feelings of anxiety and powerlessness. In turn, the resulting educational deficiencies feed further violence. A relationship has been shown between illiteracy and violence; those who are illiterate are twice as likely to have been in fights, belonged to a gang or carried a weapon to school (Fox and Gordon-Strachan, 2007). Ministry of Education figures (2011) show 9% non-mastery and 20% almost mastery among students taking the Grade Four literacy test. Children who leave school without sufficient education are more likely to be drawn into illicit activities such as prostitution, extortion, narcotics and robbery – especially given that the aforementioned economic weakness limits other opportunities.

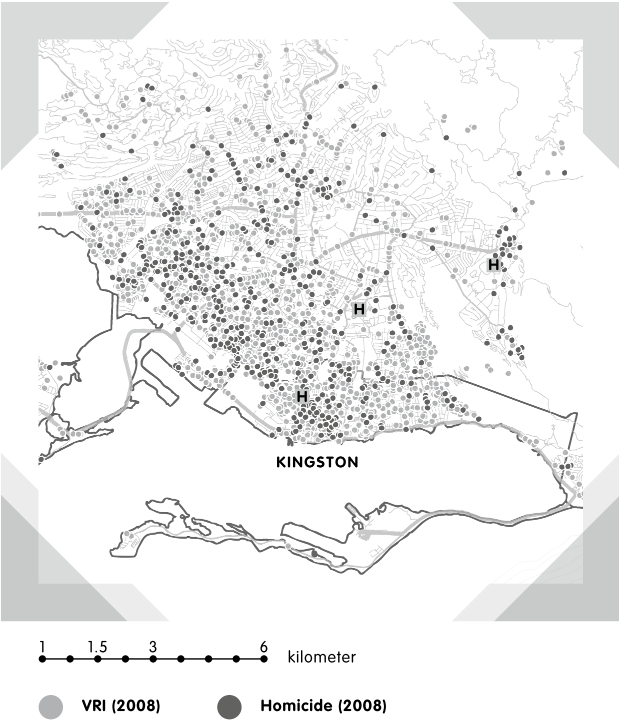
Mapping the violence in Kingston

The spatial analysis maps in Figures 1–3 (pages 34–5) were prepared to identify the communities most affected by violence so that they could be targeted by the government's Community Renewal Programme. The maps show where homicides and violence-related injuries (VRIs) requiring hospital treatment occurred in 2008 in the Kingston Metropolitan Area, where approximately half of the island's population live.

The maps also serve to demonstrate a relationship, noted in other articles in this edition of *Early Childhood Matters*, between community violence and family and intimate partner violence. The latter is also rife in Jamaica, with surveys showing, for example, that 58% of young men report having experienced parental physical abuse (National Family Planning Board, 2012). Figure 1 shows all homicides and VRIs; Figure 2 shows homicides and VRIs in children (under-18s account for approximately 1 in 5 VRIs, and under-8s for 1 in 47). Figure 3 shows homicides and VRIs for women and children; in Jamaica, the majority of children live in a household headed by a female. The incidence of VRI in these women appears to be closely linked to cases in children, which is consistent with the widely reported correlation between intimate partner violence and violence against children.

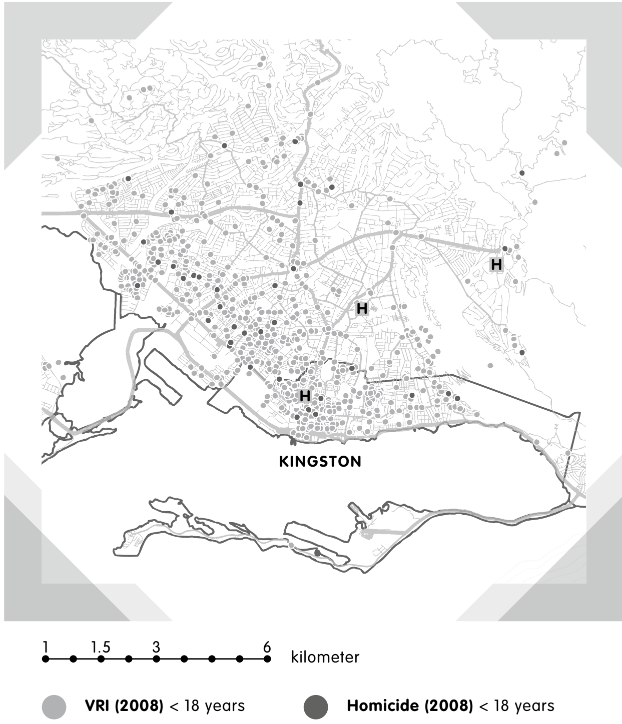
According to the Jamaica Injury Surveillance System, which tracks injuries in hospitals, most cases of VRIs in children occurred at home and were caused by a parent or relative, while most cases of VRI in women also occurred at home and were caused by an intimate partner (Ward *et al.*, 2010). It can be seen from the maps that these incidences of family and intimate partner violence were closely correlated with the bigger picture of violence as a whole, suggesting that areas with the most community violence are also those where most violence happens behind closed doors.

Figure 1 Homicides and VRIs (2008)



Source: by kind permission of L.-G. Greene, Projects Manager, Mona Geoinformatics Institute

Figure 2 Homicides and VRIs (2008): children



Source: by kind permission of L.-G. Greene, Projects Manager, Mona Geoinformatics Institute

While correlation does not establish causation, the evidence that emerges from these spatial maps of violence in Kingston is consistent with the public health perspective that views violence as an infectious disease. It seems likely that the stress of violence in the community finds expression in violence in the home, and in turn that children who experience violence in the home are more likely to grow up into young adults who perpetrate violence in the community.

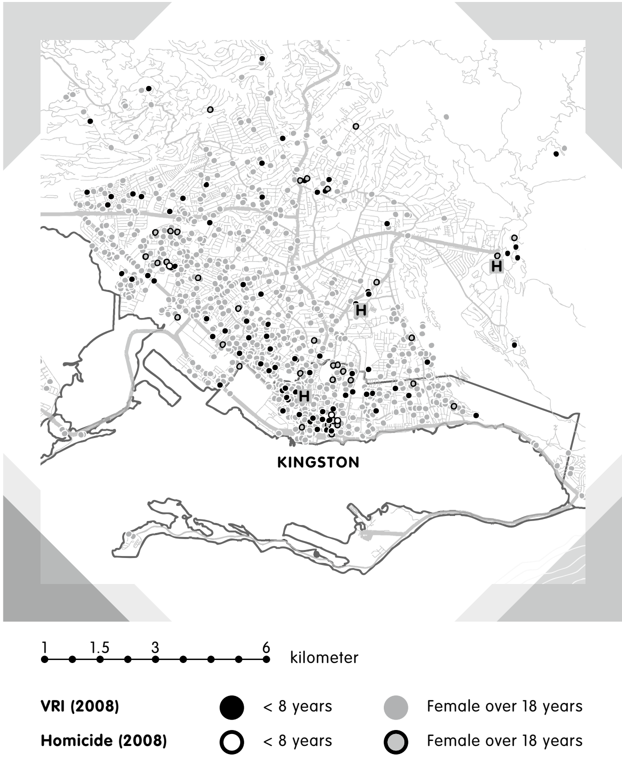
The need for more evidence

Along with punitive legislation and harsher policing, the government has acknowledged the role that social interventions can play in tackling the risk factors for crime and violence, such as insecurity, unemployment and poor education. The government of Jamaica has taken numerous steps to address the causes of violence. For example, the Child Development Agency has been established as an executive agency to coordinate children's services, while the Child Care and Protection Act imposes penalties for failing to report cases of abuse in children.

Legislation has been passed to ban corporal punishment in basic schools (community-run schools for 2–6 year olds), and training in alternative discipline and classroom management is ongoing, although more remains to be done to change the mindset that corporal punishment does no harm – over 55% of Jamaican women report believe that physical punishment is necessary to raise children (National Family Planning Board, 2012). In response to violence in the media, the Broadcast Commission has banned violent lyrics in songs on the radio.

There have also been a number of civil society responses, multifaceted culturally appropriate programmes which include parenting programmes and home visiting services, early childhood education, training in life skills such as self-esteem and conflict management, after-school programmes and safe outdoor places to play. Grief counselling is an integral part of effective programmes both in government-funded and NGO settings. This is a critical factor, interrupting the cycle of violence and reducing the rage so often seen in reprisals. Unfortunately, the impact of these programmes on violence has often not been rigorously evaluated. Some examples of programmes which have been evaluated and found to be effective are:

Figure 3 Homicides and VRIs (2008): children and mothers



Source: by kind permission of L.-G. Greene, Projects Manager, Mona Geoinformatics Institute

- **Children First** Internationally recognised for its creative and participatory approach, Children First involves schools, mental health services, church, local businesses and community organisations in a programme targeting high-risk adolescents for a 3-year period. Evaluations show reductions in fights and violence-related injuries, along with better school attendance and grades.
- **The Child Abuse Mitigation Project** (CAMP Bustamante) Set up in the Bustamante Hospital for Children and operated from 2004 to 2008 by the Ministry of Health in collaboration with UNICEF, Camp Bustamante developed a model to identify and refer victims of violence. The programme included school and home visits, parental education classes, and summer camps. The programme led to a reduction in out-of-home placements among participants and was assessed as good practice by UNICEF, but ended due to lack of funding.
- **Child Resiliency Programme** Run by the Hope Counselling and Wellness Centre, this faith-based programme runs twice-weekly, 2-hour sessions for children for 2 academic years. It focuses on increasing bonding, promoting caring relationships, setting and communicating high expectations, providing opportunities for meaningful participation, setting clear and consistent boundaries, and providing a referral network. Evaluations found impoved social skills in 75% of participating children, and half of the children's parents reported fewer fights at home.
- **Roving Care Givers Programme** (RCP) An informal early childhood development programme initially funded by the Bernard van Leer Foundation, the RCP trains and employs young people from within the community to make weekly visits to families with children aged 0–3 years. During the 30–60-minute visits, the caregivers work on parenting skills such as child stimulation. A 2008 impact evaluation study showed a positive impact on children's cognitive development and parents' increased use of alternative discipline strategies.

The last of these initiatives has been expanded to Dominica, Grenada, St Lucia and St Vincent and the Grenadines. The priority now must be on more operational research into promising initiatives to strengthen the evidence base and inform the further replication of successful programmes across the Caribbean region.

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An interview with John Carnochan

'We need to get back to the idea of viewing public service as a vocation'

Detective Chief Superintendent John Carnochan is the Co-director of the Scottish Violence Reduction Unit (VRU). He talks to *Early Childhood Matters* about how he became a convert to the cause of investing in the early years, and how the VRU is going about its task of tackling violence in deprived areas of Scotland.

In your role as head of the Violence Reduction Unit, you devote a lot of time to talking about the importance of investing in early childhood. Tell us about the background to that.

Everything we've done with the Violence Reduction Unit has been about following the evidence, right back to the setting-up of the unit itself. The original question was how to reduce the high rate of homicides in the most deprived areas of Glasgow, which were often related to gang violence. My colleague Karyn McCluskey prepared a report that shocked me. She showed that many homicides simply weren't intentional. It would be a fight that got out of control, a single stab wound to the upper torso. The violence was intentional, but the homicide wasn't.

Karyn and I went to the Chief Constable and told him that we thought a homicide reduction strategy would be missing the point. What we needed was to take a broader view, to look at violence. We said, you should get a couple of people, lock them in a room, and tell them not to come out until they have a strategy for reducing violence. He said, fine, it's you two. Find yourselves a room.

We had the freedom to range across the breadth and depth of the problem. We realised that the police is a service of last resort, like the emergency department of a hospital – our job is to stabilise the patient, but it's stupid to tackle violence only by getting better at responding after it's happened. We talked to people in health, in schools, in employment, in all kinds of other disciplines about how they could contribute to reducing violence. And through that process of following the evidence trail, we gradually realised the importance of the early years.

In your talks on early years, you draw heavily from your own experiences as a policeman to illustrate how violent behaviour has its roots in troubled upbringings.

I often tell the story of a young man called David.[1] His mother was a drug addict, on the run from an abusive partner. His childhood involved multiple house moves around some of the most deprived parts of Scotland. He started to skip school, got sucked into gang culture. And then, as a teenager, he was convicted of murder after stabbing a man in a street fight. As a policeman, you meet so many people like David – both victims and perpetrators. You go to see the parents of a murder victim to tell them you've arrested someone for the murder, and you see how they look just like the parents of the young man you've arrested.

David served 7 years in prison, and now he's a father himself. David never had much parenting when he was a child. How well can we expect him to parent his own child? How can we help him to be as good a parent as he can be? Shouldn't we be doing everything we can to give his child the best chance of avoiding a life of violence when he grows up?

When we were setting up the Violence Reduction Unit, Karyn and I came across the WHO's *World Report On Violence and Health* (2002), which greatly influenced our thinking. It said you need to view violence as a public health problem. In the same sort of way that you can vaccinate kids against diseases when they're young, it's also possible to 'inoculate' them against a life of violence.

How do you inoculate kids against a life of violence?

First of all we need parents to recognise the importance of attachment, the importance of spending time with their children – reading, watching, listening, interacting, making eye contact, just being there. We need more initiatives like Bookstart, which helps get books into the homes of kids whose parents might not otherwise read to them. And this isn't just a message for the poorest families. How many middle-class parents work long hours because they think the five-bedroom

house and the foreign holidays are more important than spending time playing with their kids?

Of course, many parents need to work long hours just to make ends meet. They need childcare. But we need to think of early years services as being there to meet the needs of the kids, not the needs of the parents. We can't just see nurseries as somewhere to park the children while parents work. They must be places where children can learn how to empathise, how to negotiate and compromise. These are the skills that help you resist the temptation of resorting to violence.

What does it take to turn nurseries into those kinds of places? More early years professionals? Better training for those professionals?

One thing that's rarely mentioned is that we'd benefit from having more men involved in the early years. Every time I give a talk to an early years audience, I can guarantee it's going to be 99% female. Where are the male role models for young boys whose fathers are either absent or violent?

But I think what we need, above all, is to get back to the idea of viewing public service as a vocation. Early years professionals don't just need to be trained in technical skills and an understanding of brain development, although obviously that's important. They also need to be selected, to begin with, for their passion and empathy.

That's true not just in the early years, but everywhere – health, social services, the police. Over the last two or three decades we've gradually lost the idea of public service as a vocational calling with a value that can't be measured in money – the teacher who inspires, the social worker who cares, the police officer who has integrity beyond question. We've somehow managed to drill that out of people and supplanted it with business plans, forms to fill, boxes to tick.

How can we start to reverse that shift in culture?

I think we're already starting to see a slowly spreading recognition that there are serious flaws in the attempt to







apply a business model to every aspect of public service. We need to recognise that so much of what matters in public service is about individuals and can't be reduced to processes and targets. For example, for social workers to succeed in their work they need the discretion to build meaningful relationships with the individuals they're dealing with. With some people you might achieve that in a couple of hours; with others it can take months.

We can talk about re-enfranchising communities, because the business model of public service has led to us doing things *to* communities, not *for* or *with* them – local authorities tell communities what services they offer, instead of asking communities what they want. Say there's a local guy who wants to organise football training for the kids on the housing estate a couple of nights a week. We've got ourselves into a position where that can be done only if we train him as a professional youth worker with a salary and pension and make him fill in a 27-page form defining intended outcomes, when all he really needs is someone to unlock the gates to the school playing field.

> *'Nurseries must be places where children can learn how to empathise, how to negotiate and compromise. These are the skills that help you resist the temptation of resorting to violence.'*

One way we can move on from the business model of public service is by articulating broader goals that require different agencies to work together – something the current Scottish government is at present trying very hard to do. Reducing violence is a good example. It makes no sense to expect one branch of the public sector to achieve that aim on its own – you need the police, the schools, the medical profession, social services, residents' groups, housing associations, all working together. That's what the Violence Reduction Unit has been trying to achieve.

How well have you succeeded?

In some areas of Scotland better than others. We're finding that it depends very much on the individuals involved. Some places have people in charge who buy into what we're trying to do, and who commit themselves enthusiastically to a shared agenda and to working together across disciplines – going beyond the limitations of a mindset in which the police think only about police work, the social workers think only about social work, and so on. It's about persuading people to see the big picture, building a coalition of the willing.

In other parts of the country this has been more a struggle. People can feel protective of their budget streams. They can feel that calling for a shared agenda is a criticism of their ability to get things done. They might not appreciate someone from another discipline coming along with new suggestions. I'm very aware that, as a policeman, I'm no expert in teaching or housing or nursing – but all of us in public service need to see that our work is contributing to a greater whole. We all need critical friends who can speak uncomfortable truths.

It's 7 years since the VRU was set up, 5 years since you put out your first 10-year strategic plan. Are you happy, on the whole, with the progress you've made?

To an extent. We've got an early years minister now in Scotland, and an early years task force. The language has changed – it's commonplace to hear people talking about violence as a public health issue. And we've succeeded with some demonstration projects, such as on injury surveillance, which show how much can be achieved when you take the time to get things right – personnel, IT systems. It can take years to sort out these details. One important factor here is the institutional memory we have accumulated at the VRU – we're not changing personnel every 3 years. Karyn and I have been here from the start, and we're not going anywhere.

Among the most impressive achievements we've been involved with has been CIRV, the Community Initiative to Reduce Violence, a gangs initiative we ran for 2

years in the east end of Glasgow before handing it over to Strathclyde Police last year to become part of their day-to-day business. It's no accident that at the heart of this effort was a task force comprising members from different disciplines – police, social work, education, housing, community groups and a range of others. In general, I've found that anything that works well involves a team that crosses boundaries.

Next year is an important one for us. Scotland currently has eight police forces and in April 2013 they're merging into one. We want to use the successes we've had so far to refresh the 10-year strategic plan we put out in 2007, which was only aspirational – we sent it out to lots of people and said please use this, but nobody was mandated by the government to make sure it happened. This time we want it to become more formalised.

And where do you hope to be in another 5 or 10 years?

One interesting consequence of applying the business model in public service is that in some ways we've created a self-perpetuating industry. You see something get designated as a 'priority area' and the people put in charge of it get protective about their jobs, so they find ways to ensure that they keep on needing funding. You get priority areas that have millions of pounds thrown at them for decades, and nothing changes – they're still priority areas.

My aim is to put myself out of a job. We need planned obsolescence in public service, leadership that takes us beyond the need for leadership. When we set up the Violence Reduction Unit, I was asked how we would measure its success. And I said, well, you'll know we've succeeded when we don't need a Violence Reduction Unit any more.

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The Uerê–Mello pedagogy: recuperating young children traumatised by public violence

Yvonne Bezerra de Mello, Founder, Executive and Pedagogic Coordinator of the *Projeto Uerê* school,
Rio de Janeiro, Brazil

Devised specifically for children traumatised by early exposure to public violence, the Uerê–Mello pedagogy is now public policy in the Rio de Janeiro public school network, supporting 150 schools in slums. In this article the author describes how the *Projeto Uerê* pedagogy grew out of her own personal experiences working with children in violent communities.

For the last 15 years I have been implementing the Uerê–Mello pedagogy with children from Brazilian *favelas*. However, my research with children living in poor and violent areas goes back much further than that – to the late 1970s in war-torn post-independence Angola directly after its violent struggle for independence, talking to doctors about traumas in war orphans and children hurt by land mines. On visits to Kenya, Tanzania, Ethiopia and Mozambique in the late 1970s, I saw children suffering from the same cognitive problems as I had seen in Angola.

In 1980, back in Brazil, I started to work with street children living in extreme poverty and constant fear of violence in the urban slums known as *favelas*. I was amazed to find many similarities between these children's many learning disabilities and those in war-torn African countries. In my experience, for children aged 4–11, the most common post-traumatic reactions of living in such stressful daily situations can be divided into five groups:

- **Physical reactions:** low stature, growth retardation, loss of appetite, insomnia and sleeping troubles, nightmares, headaches, convulsions, hyperactivity, stomach disorders, deficiency of the immune system, allergic reactions, speaking and hearing impairments and vision problems, endocrine problems
- **Emotional reactions:** Amnesia, memory blocks, constant fear, disassociation between emotions and reality, anger, guilt complex, anxiety, regression, despair, apathy, frequent crying, depression, night terrors, incontinence
- **Cognitive reactions:** lack of concentration, lack of long-term memory, short attention span, mental confusion, distortions between reality and the imaginary (flashbacks), suicidal behaviour, lack of self-esteem, dyslexia and writing problems, problems in focusing
- **Psycho-social reactions:** alienation, passivity, aggression, isolation and solitude, problems in relationships, drug abuse, loss of vocational abilities, lack of interest in studies, elevated school dropout rate
- **Sexual dysfunction:** early sexual awareness, early puberty.

These problems in turn lead to children developing learning disabilities and poor performance in school, jeopardising their futures as productive members of society. It is very difficult to raise citizens whose reasoning powers are weaker than their impulses.

Life in *favelas* – like a war zone

During recent decades, these problems have become more widespread across the world as violence has escalated in overpopulated mega-cities. Entire communities, generally poor, live in a constant turmoil of urban warfare, terror, lawlessness and criminal oppression. Many slums have turned into ongoing conflict areas virtually indistinguishable from war zones, with comparable mortality and injury rates.

In my opinion, the growth of violence in poor urban communities globally is grossly underestimated, with governments failing to remedy the problem through public policies for disadvantaged children and young people. It is estimated that by 2020, more than half of the global urban child population will be growing up in slum conditions.

In Brazil, a significant portion of the population already lives in *favelas*. There are nearly 900 *favelas* in Rio de Janeiro, inhabited by close to 2 million people out of a total of 6 million inhabitants in the city. According to the municipality's statistics, *favelas* have been growing at an average rate of 22% per year for the last 10 years. Although the physical infrastructure of these areas has improved during the last decade, it is still starkly inadequate and in sharp contrast to adjacent suburban areas, particularly with respect to quality of life. *Favelas*



The pedagogy involves a routine of exercises that generate a new way of visualising and performing tasks and expressing feelings, exercising memory, and decreasing the reactivity of the stress response. Photo • Crica Richter Photography

usually lack well-equipped schools, healthcare and other public services, recreational areas, and social inclusion programmes.

Almost all of these precarious communities are governed by well-armed drug lords, who form a parallel, illegitimate power structure that ignores the law and imposes its own arbitrary version of justice on inhabitants. As these drug lords are constantly seeking to expand their domains, they are in perpetual armed conflict with one another. The resulting statistics are amazing: of the 4000 students we have seen at *Projeto Uerê* over the last 15 years, one in ten has personally witnessed either a murder or an act of torture.

Constant exposure to public violence destroys a young person's sense of personal security and safety, and their trust in relationships with family and adults. A lack of affectionate connections with other people jeopardises a young person's visions of and expectations for the future. Only early diagnosis and subsequent access to alternative pedagogies will enable traumatised children to overcome their respective acquired disabilities.

The *Projeto Uerê* approach

My research and experience in Africa and on the streets of Rio taught me four fundamental things:

1. Children with cognitive and perception difficulties need a different framework through which they can improve the self-esteem necessary to learn.

2 In 85% of cases, the children's intelligence remains intact.
3 Children with constant traumas do not function on a fixed timetable, as in traditional school systems.
4 It is possible to work collectively in classrooms to solve cognition problems.

These insights informed a pedagogy tailored for children at risk – the Uerê–Mello pedagogy, implemented at *Projecto Uerê*. This pedagogy uses oral dynamics as a main developer of language. A class on any subject is divided into three 'moments' of learning – oral, interaction and writing. None lasts for more than 15–20 minutes, and in slums 10–15 minutes, reflecting reduced attention spans. The pedagogy also gives young children an hour to 'warm up' the brain upon arriving in school and after lunch. During this hour, there are six oral exercises.

Traumatised children have a 'block' in certain areas of the brain, affecting cognitive associations, perception, visual and verbal memory and grasp of symbolism. Often, painful memories tend to be 'walled off' from other long-term memories. Teachers therefore use their daily contact with the child to reconstruct pathways and strengthen brain connections. This involves a routine of exercises that generate a new way of visualising and performing tasks and expressing feelings, exercising memory, and decreasing the reactivity of the stress response.

The pedagogy emphasises enjoyable games to improve memory, as well as the expression of feelings through conversation. Mathematics is also crucial to memory, being more abstract than language. Every child at *Projeto Uerê* has daily studies with maths and specific exercises to improve logical thinking. For children with writing problems, we break down words and create games, by drawings or language, to join letters back into words again.

The pedagogy also includes exercises to improve visual focus, as many traumatised children suffer from an eye movement disorder that makes them unable to focus for long on any spatial point – something that is a crucial precondition for learning. Improving focus is hard work, involving a series of intensive exercises lasting no more than 5 minutes, and demands a great deal of patience.

Case studies

The Uerê–Mello pedagogy can be implemented in any country and independent of location or space, in classrooms or 'al fresco' on the streets. This pedagogy has become public policy in Rio de Janeiro's public school network, supporting 150 schools in slums, and in 50 schools in Recife, in north-west Brazil. As the following case studies show, through the Uerê–Mello pedagogy even problematic and excluded children can recuperate and become responsible members of society.

Jonathas, age 14

Jonathas was 6 years old when his father had a heated argument with his mother and began to beat her and threaten her with a knife, in front of Jonathas and his three siblings. Concerned neighbours called the ruling local drug lord, who first cut off the father's hands and later killed him. Jonathas stopped growing, developed problems with his vision, dyslexia, headaches, stomach-aches, constant fear and nightmares.

After 8 years of Uerê–Mello teaching, Jonathas has changed: his body resumed the growing process and he has overcome his writing problems, although he still suffers from headaches and stomach problems. While Jonathas still remembers his father's tragic ending and fears for the future of his family, his performance in school is very good and he has demonstrated that he possesses a keen analytical mind.

Gemerson, age 6

Gemerson's adolescent mother was a drug addict, as was his father. As a baby he was often left alone, beaten and thrown against the wall. When he was 4 years old he began to exhibit anxiety and behavioural problems, and was diagnosed with attention deficit disorder. When Gemerson came to *Projeto Uerê*, he was being medicated with ritalin and imipramine – the public school system had required these to be prescribed as a condition of enrolment. He cried constantly, banged his head against

the walls, and expressed himself by climbing on top of chairs and tables and beating, biting, kicking, and jumping on people.

During the past year Gemerson's situation has improved remarkably. He is now much calmer and the psychiatrist has, little by little, weaned him from the medication, having established that he was not suffering from attention deficit disorder but from post-traumatic syndromes. His mother was contacted and agreed to join in the group therapy for parents, and she no longer beats him.

Vitoria, age 5

Vitoria has alcoholic parents and was born with foetal alcohol syndrome. She lives with her parents and her grandfather, effectively the only responsible adult in a family which has very little income. When she entered *Projeto Uerê*, she could neither speak nor focus visually, her eyes gazing perpetually beyond any nearby focal point, and she showed few emotions. The emotions she did show were very aggressive. Her way of communicating was through beating and kicking. She lacked coordination, could not even hold a pencil, and was afraid of being touched.

Our work with her took a year and a half. We started by introducing music and singing, but her first sounds were shattered and disconnected. Tailored phonetic exercises helped to get her vocal cords to function, though it was often necessary to cease these daily 5- to 10-minute exercises early, as Vitoria tired quickly. Her lack of visual focus improved slightly with prescription lens glasses and focusing exercises as part of her daily routine.

After a year of work and an unvarying daily routine, Vitoria was able to sing two or three words and the coordination exercises began to show some results. Her eyes began to show some responsiveness and she accepted being touched, at which point part of the methodology became to gently hug her, always accompanied by words of praise and encouragement. During the next 6 months she began to relate to people and the world, and was able to enter the kindergarten. Vitoria now talks and plays and, although her coordination is far from that of a normal 5 year old, she is going to 'make it' in life.

'A lethal absence of hope': making communities safer in Los Angeles

Susan Lee, National Director of Urban Peace, Advancement Project, Los Angeles CA, USA

Although gang violence in Los Angeles is generally falling, certain neighbourhoods remain hot zones. In this article, Susan Lee describes how the city's groundbreaking Office of Gang Reduction and Youth Development – informed by a report by the Advancement Project[1] – has made progress in reducing violence and creating safer conditions for the city's children.

Los Angeles has experienced a remarkable reduction in violence since the early 1990s, when mothers tell of putting their children to sleep in bathtubs for fear of flying bullets. From over 1000 homicides annually then, in 2010 the number fell below 300. Nonetheless, a 2010 analysis[2] conducted by the Advancement Project reveals that there are pockets of neighbourhoods where safety remains elusive, violence entrenched and gang activity rampant.

Figure 1 Safety in Los Angeles, measured by crime rate



Geographic data from Esri, NAVTEC, DElorme
Source: Advancement Project, 2010

As the Figure 1 shows[3], the least safe Los Angeles communities (those shaded dark) are not spread out across the city, but instead are geographically concentrated in its southern and eastern regions.

No map can tell the story of the fear that children feel in these communities. While they may no longer sleep in bathtubs, we still hear many stories of children not being able to walk to school safely, avoiding parks because of gang members and drugs, and being afraid while they are in school.

In some of the violence hot zones, a small area of 2 to 3 miles can be claimed by as many as 27 gangs, making it impossible for children and young people to avoid gang recruiters, intimidation, and fear. One study of students in Los Angeles schools found that 90% of the children in some neighbourhoods had been exposed to violence as a victim or a witness. Even if parents do everything they can to keep their children safe, violence can claim even the youngest – as happened to 1-year-old Angel, who was shot and killed while his father was holding him in his arms on a warm June night this year. The shooter mistook the father for a gang member, possibly because of the colour of the shirt he was wearing (Blankstein and Quinones, 2012).

Safety challenges are particularly acute for newer residents in areas experiencing rapid demographic shift – a common feature in one of the most diverse cities in the USA, with more than 224 different languages represented and over 92 languages spoken in schools. For example, the community of Watts in southern Los Angeles is historically African American, but the 2010 census showed that Latinos now make up 72% of residents. Despite their majority status, Latino residents in Watts remain under-represented in the civic leadership and under-served by formal support structures.

The isolation from formal support is particularly acute for undocumented immigrants, who avoid coming into contact with government entities, especially law enforcement, for fear of deportation. While violent crime in Watts is high overall, it has more intense impacts on

isolated Latino residents. In a 2010 survey (Advancement Project, 2010), 67% of Latino residents in Watts reported feeling unsafe at night compared to just 16% of African American residents.

Children and the cycle of violence

As discussed elsewhere in this issue, research shows that the impact of chronic community violence on children can be severe and long lasting. The experience of the Advancement Project is consistent with this research. Infants and toddlers demonstrate behavioural problems such as excessive irritability, sleep disturbances, emotional distress and regression in language development. Children suffering from post-traumatic stress disorder – comprising 27% of those exposed to violence in Los Angeles, according to the study cited above – exhibit symptoms such as aggression, depression and difficulty in concentrating.

Exposure to violence tends to make children more susceptible to substance abuse, more likely to become violent themselves, more likely to be suspended or excluded from school, and more likely to be caught up in the juvenile justice system. Violence in the community permeates all the institutions and settings that a child encounters while growing up, including parks, schools, streets, and homes. And it is not only violence itself but also the fear of violence that severely limits children's daily functioning in ways that erode their well-being – for example, the lack of safe public spaces discourages physical activity.

These compounding conditions create what Father Greg Boyle, a long-time Los Angeles leader in gang violence intervention, calls 'a lethal absence of hope'. It is common for children in the most violent neighbourhoods to grow up believing they will not live beyond 18. The absence of hope drives many of these children into gangs or other high-risk behaviour.

Children who are exposed to community violence typically also have to navigate other challenges such as poverty, failing schools and poor health care. A further map prepared by the Advancement Project makes clear the correlation between the most violent districts and those which cater least well for their youngest residents. The map shows which areas of Los Angeles have the best and worst public schools – the areas with the worst schools are shaded dark. These areas are typically also those with the least pre-school provision.

Figure 2 School Score maps, Healthy City, Advancement Project



Geographic data from Esri, NAVTEC, DElorme
Source: ESRI ArcGIS Online, 2011

Therefore, many children exposed to violence live in communities where not only are they in the harm's way, but also they face multiple factors that lead to their own harmful behaviour as they grow up. For these children, lack of community safety is crippling. Before we can expect improved educational and health outcomes, the goal must be to achieve a basic level of safety so that children can learn and thrive.

The GYRD – a comprehensive response

The multiple root community conditions that fuel and sustain violence demand a comprehensive response. In 2006, the Advancement Project released its seminal report, *A Call to Action: A Case for a Comprehensive Solution to LA's Gang Violence Epidemic* (Advancement Project, 2007). Although the report came to be called 'the Gang Report', in fact, the report laid out a blueprint for a community wrap-around strategy. It called for resources to be focused on the highest-need areas, to broaden primary prevention and early intervention infrastructure and meld it with smart law enforcement built on principles of community policing.

Mayor Antonio Villaraigosa embraced the idea and established the Office of Gang Reduction and Youth Development (GRYD). The first of its kind, GRYD is responsible for implementing a comprehensive strategy including prevention and early intervention in 12 zones located in communities where the rate of gang-related violent crimes is five times as high as the rest of the city. GRYD responds to every shooting incident in the city and coordinates with law enforcement and gang intervention workers to prevent further escalation of violence that normally follows gang-motivated shootings.

One of GRYD's key innovations is the family system approach to prevention and intervention. Research has shown that the availability of a strong parent or other adult caregivers can build a child's resilience against violence and counteract some of its negative impact (Osofsky, 1999). Service providers are trained to develop genograms of families up to three generations and to identify within the genogram the individuals in the family who serve as positive support for the children and young people at risk of joining gangs.[4]

Families are then coached to maximise this asset and develop strategies to provide ongoing support for children and young people attempting to keep away from gangs and other high-risk behaviour. In GRYD's approach, families are defined broadly to include not only extended relatives but also family friends and neighbours, which accommodates non-traditional family structures and focuses on identifying the adult with whom the child has the strongest relationship.

The GRYD strategy also features deployment of gang intervention workers. Sometimes called street outreach workers or violence interrupters, gang intervention workers are often former gang members who have dedicated themselves to preventing violence. They respond to gang-related shootings to de-escalate tension in the community and to prevent retaliatory shootings. In addition, they mediate conflicts between gangs and help to create alternative pathways for those ready to leave the gang life.

Relying on their street credibility and reputation, gang intervention workers – much like *promotoras* in the health service arena – are trusted in the community and can be successful in reaching the hard-to-reach families where outsiders may fail. Because of their unique position, they can link isolated, gang-affiliated families with services for their young children or for family members returning from incarceration.

At the centre of the city's strategy is its Summer Night Lights programme, through which 32 parks in high-violence communities are transformed each summer, from the first week of July to the first week of September, into community safe havens for children, family-friendly activities, and late-night sports. These are parks which are usually underutilised as they are taken over by gangs. In coordination with law enforcement, gang intervention workers, community service providers and residents reclaim the parks, which remain open until midnight. Food is provided – over a million meals have been served in the past 5 years.

All community members, young and old, and even gang members, are welcome at Summer Night Lights, but all are held to a strict standard of positive behaviour. After five consecutive years of running the Summer Night Lights programme, there is no doubt that the programme reduces violence, with 55% reduction in shots fired in and around the parks. More importantly, however, the programme builds community cohesion

as residents reinforce standards of behaviour and discourage those who would disrupt the operation of the programme.

Results and replication

The GRYD strategy is particularly notable because of its coordination of stakeholders from multiple sectors, including significant cooperation from law enforcement, mobilisation of civic leaders and philanthropists to contribute funding, and, importantly, the inclusion of community leaders and service providers who have credibility and an understanding about the unique assets of their own community. The strategy is also attempting to operationalise what has mostly been a conceptual model of a comprehensive approach to violence reduction, melding prevention, intervention and law enforcement.

In this sense, the practice standards that are coming forth from Los Angeles, in working with individual children at risk of joining gangs, in responding to gang-related shootings to prevent retaliation, and in building safe havens for an entire community, have the potential for guiding effective replication in other places with entrenched community violence.

There is evidence that the comprehensive GRYD strategy is having an impact. While homicides have declined by 15.6% citywide, the decrease is more than 33% in the areas where the GRYD strategy is being deployed. Despite these gains, the experiment is far from reaching its goal. Our mission is not simply to reduce crime rates, or even the incidence of violence. Our mission is to achieve a level of safety in all Los Angeles communities so that children do not fear walking to school or going to a park, can learn in a violence-free school that supports them rather than pushes them out, and can return home to a family that is thriving and healthy.

In short, achieving community safety is more than absence of violence. Reducing violence is only the first step to the kind of transformation we seek. Community safety, for us, is the existence of peace that allows equitable access to opportunity. We know that many of our communities do not have this level of safety and that it will take more than the efforts of last 5 years to achieve it.

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Notes

1 For information about the work of the Advancement Project, visit: http://www.advancementproject.org/

2 The analysis, Community Safety Scorecard, pulls together indicators for four areas: safety, state of schools, risk factors for violence and protective factors for violence. Based on an index created by these indicators, each zip code in Los Angeles received a 'score'. For more information visit: http://v3.advancementprojectca.org/?q=Scorecard

3 Datasets for the Community Safety Scorecard were identified for each indicator at the ZIP code level for the City of Los Angeles. A correlation analysis was then completed to identify which school, protective, and risk factors were most strongly related to safety indicators. Each category of the Scorecard has a minimum of three indicators; the factors were weighed equally to construct the final index score. The scores were assigned a corresponding letter grade based on a quintile system: the top 20% received an A, the second 20% a B, and so on respectively, until the bottom 20% received an F grade. More information on the methodology and the full report are available at: http://www.advancementprojectca.org/?q=Scorecard

4 The GRYD family system approach is an original service model created by Deputy Mayor Guillermo Cespedes who has more than 30 years' experience working with families and at-risk young people. The model is currently being documented for future publication.

Babies remember: restoring healthy development to young children exposed to trauma

Alicia F. Lieberman, Irving B. Harris Endowed Chair in Infant Mental Health, Department of Psychiatry, University of California San Francisco, and Director, Child Trauma Research Program, San Francisco General Hospital

How can we minimise the developmental damage to children who have been traumatised by witnessing or experiencing violence? In this article, Alicia F. Lieberman describes a treatment called child–parent psychotherapy, developed by the Child Trauma Research Program at the University of California San Francisco, and draws lessons for public policy in the light of demonstrated links between violence in the home and in the community.

Babies, toddlers, and preschoolers are the most frequent victims of child abuse. More than one in three of the victims of substantiated maltreatment reports in the USA are under 5 years of age, and 77% of child abuse fatalities involve children younger than age 3 (US Department of Health and Human Services, 2003). Children under 5 are also more likely than older children to witness domestic violence, which research shows is often correlated with violence against children (Fantuzzo *et al.*, 1997). In addition, even very young children suffer the repercussions of violence in their neighbourhoods and communities, with reports that between 45% and 78% of children under 5 witness or experience at least one violent event in their communities (Linares *et al.*, 2001). Beyond the immediate human tragedy, this creates an enormous public health problem with major repercussions for the well-being of society: it is now well established that cumulative childhood exposure to chronic stresses and traumatic events is associated with adult physical and mental illness as well as school failure, unemployment, and criminal behaviour (Felitti *et al.*, 1998; Kessler *et al.*, 1997).

Family violence is more prevalent in neighbourhoods with high community violence, where protection from social institutions is often absent or unreliable (Shahinfar, 1997). Some sectors of the population are more affected than others. Poverty is a powerful predictor of community violence, child abuse, and domestic violence, and the highest rates of poverty involve ethnic and racial minorities with long histories of discrimination who are relegated to neighbourhoods largely deprived of physical and social resources. The overlap between poverty and violence is illustrated by the stark differences in the prevalence of domestic violence among different socioeconomic groups. A Department of Justice report shows that the likelihood of domestic violence (DV) increases as family income decreases: the incidence of DV was 3% for families earning more than US$75,000 per year, and rises to 20% for families with a yearly income below US$7500 (Kracke, 2001). Since the beginning of the 2008 recession, the incidence of abusive head injury has increased dramatically among infants (Berger *et al.*, 2011).

Children and adults function and develop in a social and ecological context where violence becomes contagious: dangerous neighbourhoods create traumatic stress in parents and their children, lowering their threshold to engage in aggressive behaviour in response to the multiple frustrations and hardships of everyday life (Garbarino *et al.*, 1992). In dangerous urban neighbourhoods, violence is a daily occurrence that erodes the residents' resilience because it is impossible to predict and prepare to cope with it. Poverty and unemployment remain a scourge for millions of families, whose children often become the targets of their parents' despair. The relentless stresses of disempowerment are the toxic stew from which violence against children spews forth, and there are real children and families behind these numbers. In this context, the overlap of family and community violence with economic disparities and ethnic and racial marginalisation highlights the urgency of creating effective approaches to treatment as well as public policy initiatives that protect both children and society (Harris *et al.*, 2007).

Through the Child Trauma Research Program at the University of California San Francisco, we have developed a treatment called child–parent psychotherapy (Lieberman and Van Horn, 2008) to help children and parents traumatised by violence.

Shelley's story

A 3-year-old called Shelley stands for many other young children treated through this programme. Shelley is a 3-year-old multiracial girl who was referred for

treatment after receiving a severe head injury when she was 2 and a half years old. Shelley's mother, Mrs Wood, was at work when the injury happened and Shelley's recently unemployed father was taking care of the child. Mr Wood called 911 saying that his daughter was unconscious after falling off the front steps, and an ambulance took Shelley to the hospital, where she stayed for 3 days with a diagnosis of abusive head injury.

Mrs Wood was anguished about her child's injury, but she believed her husband's account of what had happened and was distraught about his being in jail for child abuse. She said that now Shelley was 'a different child' because she missed her father. Mrs Wood reported that Shelley now cried when put to bed, woke up screaming every night, and refused to be separate from her mother but also hit her for no apparent reason, had frequent and intense temper tantrums, and had reverted to baby talk instead of using words. To help Shelley, Mrs Wood told her that her dad would soon come home and talked to her lovingly about him so that Shelley would not forget him.

'Establishing systematic links that enable efficient communication and collaboration across all the systems involved in serving children and their families must be a priority in public policy.'

Although Mrs Wood was often a loving and competent mother, she was overwhelmed by concerns about Shelley's health, her husband's incarceration, and the sudden loss of childcare entailed by his absence. Compounding these family adversities, she had to contend with threats to safety for herself and her child, because her husband's absence increased the likelihood of their becoming prey to neighbourhood crime. She reported that gang fights and drive-by shootings were common occurrences in her neighbourhood, and in the past week there had been one drive-by shooting in the neighbourhood that had shattered the windows of a neighbour, who barely escaped injury. She also reported that a friend who lived in her block had had to relocate to another neighbourhood when her teenage son's friends threatened to 'shoot up the house and kill everybody inside' after blaming the son for some missing drugs. Following this incident, Mrs Wood had started to put Shelley to sleep in the bathtub because the bathroom was the only room in the house that had no windows to the outside. She was feeling so burdened that she started to slap Shelley back when the child hit her, explaining that this would 'teach Shelley that it's not OK to hit'. Although Shelley never had any bruises, this mutual slapping sometimes escalated to the extent that the clinician worried that the so-called 'physical discipline' was in danger of becoming child abuse.

In many communities, Shelley would have been placed in foster care because of Mrs Wood's refusal to accept the medical diagnosis of abusive head injury by Shelley's father and her increasing reliance on physical punishment. While sometimes necessary, foster care placement should be a last resort – prolonged separation from parents can create severe long-term anxiety and other psychological problems in young children, even without the commonplace frequent changes in foster care placement which exacerbate children's feelings of being unwanted and unloved, with long-term repercussions for their emotional health. We are fortunate in San Francisco to have excellent collaboration between the child welfare system and the mental health system, and instead of removing the child from her home, Shelley's child protection worker referred the mother and child to treatment at our programme.

Child–parent psychotherapy involves an initial assessment where the clinician and the parent(s) talk about the reasons for the referral, the family circumstances, the child's development and behaviour, and the parents' perceptions of the child's and their own emotional needs. The assessment consists of approximately five weekly meetings with the parent and at least one joint meeting with the parent and child, ending with a feedback session where the

clinician engages the parent in a dialogue about the recommended course of treatment. In the feedback session with Mrs Wood, the clinician sympathised with the pressures that she was experiencing as she tried to simultaneously protect her daughter, remain loyal to her husband, comply with the court requirement for treatment based on its finding of paternal child abuse, and manage the day-to-day stresses of trying to find safety in a neighbourhood where danger was ever-present. The clinician explained to Mrs Wood that there could be many reasons for Shelley's distress, including the pain and fear generated by the head injury, the intrusive medical procedures she endured at the hospital and after discharge, the separation from her mother during hospitalisation, her father's sudden and unexplained absence from the home, and her awareness that the conditions they lived in were not safe. Mrs Wood agreed to bring her child for weekly treatment sessions where mother and child would meet with the clinician and engage in play, and talk about Shelley's head injury and its sequelae, the child's anger and fear of separation, and the mother's desire to protect and help her child.

The hallmark of child–parent psychotherapy is the premise that young children remember the important events in their lives, need their parents' support to express their feelings about these events no matter how frightening, and can regain a healthier developmental course when they trust that their parents' love them and are determined to protect and help them. Safety in the environment and in the family is the first goal of treatment. The pursuit of this goal may involve working actively with the parents to identify and implement concrete changes that may increase safety, including working with community organisations and law enforcement to improve neighbourhood safety. Parallel to the pursuit of safety in the environment, the treatment focuses on safety in family relationships. In the safe environment of the therapeutic playroom, even very young children can show and tell what happened to them, often using toys to re-enact events they do not have the language to describe in words. This is how Shelley used the treatment. During the fourth therapy session, Shelley took the father doll, brought it very close to the clinician, and then slapped her head with it, saying 'Daddy hit.' The clinician repeated, in a questioning tone, 'Daddy hit?' and Shelley screeched, threw the father doll on the floor, went to her mother, and hid her face on the mother's lap.

Mrs Wood was pale and shaking, but she managed to ask, 'Daddy hit Shelley?', and the child whispered, 'Yes.' A very emotional scene followed, with the mother and the child crying and the mother saying again and again, 'I can't believe it' while hugging her child. The clinician spoke supportively to both the child and the mother, saying, 'It really hurts that daddy hit Shelley. Mommy and Shelley are very sad that he hurt Shelley so much.' The mother responded, 'I did not know, and I will never let daddy hurt you again, never ever ever.' The clinician used this opportunity to address the worrisome mutual hitting between Shelley and the mother, saying, 'I think I understand something now. When you hit Shelley to show her not to hit, maybe Shelley remembers what her dad did and worries that you will also hurt her. Maybe that's why she needs to fight you so hard. I think that in her mind, she is protecting herself.' As if echoing the clinician's words, Shelley whispered, 'no hit', and the mother again burst into tears.

The clinician asked what her tears meant, and Mrs Wood replied, 'My father hit me a lot. I never thought my husband would do that to his daughter. I thought I had left that behind.' The clinician responded, 'Sometimes no matter how hard we try the past comes back again, but there is always another chance. Shelley is showing us how much she trusts you, to tell you something that is so frightening to her.' This message of hope is an essential component of trauma treatment because it affirms the parent's and child's capacity to move beyond their pain and use their love for each other to restore trust and rebuild their emotional health.

Shelley's symptoms decreased noticeably following this session. The mutual hitting between mother and daughter almost disappeared and Shelley no longer woke up screaming during the night. A cognitive test performed shortly before the end of the 8-month



Child–parent psychotherapy involves an initial assessment where the clinician and the parent(s) talk about the reasons for the referral, the family circumstances, the child's development and behaviour, and the parents' perceptions of the child's and their own emotional needs. Photo • Jon Spaull/Bernard van Leer Foundation

treatment showed a 15-point increase in Shelley's performance, partly as the result of her regaining the ability to speak at her age level. Not everything was resolved, however: Shelley still alternated between missing her father and being scared of him, and showed her contradictory feelings by saying, 'I want my daddy' just as often as she said, 'Daddy is bad.' An unanswered question remained at the end of treatment: What should be Shelley's relationship with her father when he was released from prison? We hope that, as she told us, Mrs Wood will insist on her husband receiving psychological assessment and treatment as a precondition for letting him spend time with his daughter, starting with closely supervised visits.

Lessons for improving systems

Shelley and her mother show us that there are effective ways of helping traumatised young children and their parents to overcome the effects of violence. Several randomised studies show that child–parent psychotherapy results in statistically significant improvements in both the child's and the mother's mental health and improvements in young children's cognitive functioning (Lieberman et al., 2009). Although treatment was very effective, Shelley's improvement was also made possible by the collaboration between three systems working closely with each other: the paediatricians who diagnosed Shelley's injury accurately and made a CPS (Child Protective Service) referral; the CPS system, which instead of placing the child in foster care made a referral for joint mother–child psychotherapy; and the mental health system, which has developed and implemented approaches to treatment such as child–parent psychotherapy that show empirical evidence of efficacy in the treatment of children's traumatic stress.

Establishing systematic links that enable efficient communication and collaboration across all the systems involved in serving children and their families must be a priority in public policy, designed to prevent and ameliorate the impact of child abuse (Osofsky and Lieberman, 2011). Programmes that address community violence and aim to create safe neighbourhoods need to become an integral component of a comprehensive approach to protecting children. One notable example is the Child Development–Community Policing programme, which involves a collaboration between the Yale Child Study Center and the New Haven Department of Police Service and consists of interrelated educational and clinical components that have the goal of sharing knowledge between police officers and mental health professionals to ameliorate some of the effects of violence on inner-city children (Marans, 1993).

Another public health priority should be the early identification and treatment of children exposed to violence. Steven Sharfstein (2006) forcefully expressed the urgency of this need when he stated, in announcing the formation of an American Psychiatric Association task force on the effects of violence on children, that:

> *Interpersonal violence, especially violence experienced by children, is the largest single preventable cause of mental illness. What cigarette smoking is to the rest of medicine, early childhood violence is to psychiatry.*

Through federal initiatives such as the National Child Traumatic Stress Network (NCTSN), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), extraordinary advances have been made in the past 10 years in developing, implementing, and disseminating effective treatments for child trauma. Child–parent psychotherapy, for example, has been disseminated through the NCTSN and other mechanisms, both nationally and abroad, with approximately 1000 clinicians in 27 states, as well as in Israel, trained to implement this treatment and approximately 50,000 clinicians being introduced to it through lectures and workshops.

These efforts are far from sufficient because the need is incomparably larger than the resources deployed to meet it. Just as Shelley's ordeal is not yet over, our own national challenge looms large and there are important questions that must be addressed. We need to bring effective treatments to scale so that treatment is accessible by those who need it. We need to imbue all the systems serving children and families with a trauma focus that allows for accurate identification and intervention. We need to ensure that neighbourhoods are protected from violence and have the resources – including safe streets, safe schools, safe parks – that are essential for children's healthy development. And, because an ounce of prevention is always better than the best cure, we need to address the social context for child abuse and tackle the enormous scale of poverty and its costs for the safety of children, families and communities, which disproportionately affect those from ethnic and racial minorities. Timely and effective treatment was essential to restore Shelley to a healthy developmental course, but given the well-established overlap between poverty, community violence, and different forms of family violence, a job for Mr Wood

might have been the best protection for his child because children's safety is embedded in the family's trust that society cares for their collective well-being.

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Early intervention through curing communities of violence

Charles L. Ransford, Senior Researcher for Cure Violence, University of Illinois at Chicago School of Public Health, USA

Violence acts like an infectious disease – children who are exposed to violence are more likely to become perpetrators of violence themselves. But if violence is a disease, how can it be cured? This article examines the public health model adopted by Chicago Cure Violence (formerly known as Chicago Ceasefire) for stopping community violence that affects children.

Children living in violent communities, although rarely directly involved in community violence, are often innocent witnesses to the violence that takes place around them. The community violence witnessed by children is frequently of a serious nature: a study of African American students on the south side of Chicago found that 45% of the children had witnessed a killing and 66% a shooting (Bell and Jenkins, 1993). Even very young children cannot escape contact with violence. Another study found that 78% of 3- to 4-year-old African American children in Washington, DC, had been exposed to community violence, with 37% exposed to severe violence (Shahinfar *et al.*, 2000).

There is abundant evidence that exposure of children aged 9 or over to community violence is associated with subsequent anxiety, depression, post-traumatic stress, suicide ideation, internalising behaviour, aggression, delinquency, and the use of violence (see Margolin and Gordis (2000), McDonald and Richmond (2008) and Kelly (2010) for lists of studies). Fewer studies exist on children younger than 9, but research has shown some of the same effects even for infants and toddlers (Osofsky, 1995). Exposure to violence also affects young children indirectly by affecting caregivers. The trauma of exposure to violence has the potential to impair parenting skills, and the caregiver's ability to deal with his or her own trauma is an important mediating factor in children's response to trauma.

In addition to psychological effects, young children exposed to community violence are at risk of being infected with violent norms – that is, their exposure to violence raises the likelihood that they will become perpetrators of violence (Slutkin, 2012). Infectious disease is not just a convenient analogy for violence. Rather, violence actually meets the clinical definition for an infectious disease: 'any deviation or interruption of structure or function of a part, organ or system of the body, as manifest by characteristic symptoms and signs' (Dorland, 2011). Exposure to violence physically affects the brain – the part of the body that regulates and controls behaviours – in multiple ways. Traumatic events, such as community violence, trigger a neural response – usually a dissociative or hyperarousal response. Depending on the duration or the intensity of the trauma, this neural response can gradually become an ingrained personality trait through a molecular, structural, and functional change in the neural systems (Perry, 2001).

The infectious nature of violence has been most thoroughly established in the case of family violence, where an estimated 30% of children exposed to child abuse later engage in child abuse themselves (Malinosky-Rummell and Hansen, 1993). However, it has also been shown to occur with community violence and other types of violence – and exposure to one type of violence has been shown to cause other types of violence. A child exposed to family violence or media violence is more likely to perpetrate community violence. A child exposed to community violence is more likely to be a victim of family violence or suicide. Due to the overlapping nature of their infectivity, it seems that all forms of violence should be viewed as different manifestations of the same disease rather than considered in isolation.

Children become infected by violent norms through observing and modelling the behaviour of others. Several factors affect the degree to which people – adults and children – learn and copy behaviours, including proximity to the subject of observation and level of exposure to his or her actions. In young children, however, the mere observation of aggressive behaviour has been found to prompt modelling, regardless of the child's relationship to the person being observed (Bandura *et al.*, 1961). At a societal level, commonly modelled behaviours are then maintained through



Cure Violence uses a public education campaign to disseminate throughout the community the message that violence is not acceptable.
Photo • Courtesy Cure Violence

community norms. Even young children learn the 'code of the street' that dictates ways in which one is expected to respond to situations. According to this code, certain situations demand that individuals use violence in order to maintain respect in the community as well as to avoid becoming a targeted victim (Anderson, 1999). While many individuals report not wanting to perform the behaviours dictated by these norms, the powers of social pressure and the implicit consequences are often too great to overcome.

Cure Violence's public health model of intervention

It was common in previous times to regard people who were infected with major diseases, such as cholera and plague, as morally culpable for their plight. Some were burned at the stake. As we came to understand more about these diseases, we have adopted a more rational and humane approach. The same can and should be true of violence. When we think of violence as an infectious disease, it makes less sense to talk in terms of moralistic judgements, rewards and punishments, 'us' and 'them'. We need instead to focus on understanding the factors, such as parenting, which seem to influence why some individuals have different levels of susceptibility and resistance to becoming infected. And, for those who are highly susceptible, the priority should be to reduce their exposure.

Efforts to curb community violence have typically been centred on criminal justice theories that focus on deterrence (increasing the punishment, or the risk of punishment, to the potential offender) and

incapacitation (removing a perpetrator of violence from the community). These measures, however, do little to change the norms and behaviours of those who remain in the community. While the criminal justice system plays an important role in punishing those who commit crime, treating violence as an infectious disease would require a multifaceted, public health approach that includes other efforts to prevent violence as well.

The Cure Violence Chicago model employs this kind of public health approach to violence prevention. There are three main elements of the Cure Violence Public Health Model.

1. Interrupt transmission

The Cure Violence model deploys workers called 'violence interrupters' to locate potentially lethal disputes in progress and respond with a variety of conflict mediation techniques. Interrupters are hired in part for their ability to work among the highest risk in the communities. They must be able to detect conflicts and to be trusted enough by those involved in the conflicts to conduct a mediation. For this reason, Cure Violence hires interrupters who live in the community, are known to high-risk people, and have possibly even been gang members or spent time in prison, but have made a change in their lives and turned away from crime.

Interrupters are trained in methods of mediating conflicts, methods of persuasion, and how to keep safe in these dangerous situations. Regular meetings between the interrupters also aid in their ability to know what is happening in the community and to exchange information on effective techniques.

2. Identify and change the thinking of highest-potential transmitters

The central element of the Cure Violence programme is its ability to reach those at high risk of being involved in violence, as determined by a list of risk factors that is specific to each community. The risk factors often include being involved in a gang, being between the ages of 16 and 24, and having a history of being violent. In order to have access and credibility among this population, Cure Violence employs culturally appropriate workers, with qualifications similar to those held by interrupters.

Outreach workers act as mentors to individuals at very high risk of being involved in violence, seeing each client multiple times per week, conveying a message that rejects the use of violence, and assisting clients to obtain services they need, such as job training and drug abuse counselling. They work with individuals over the long term to change their thinking about the acceptability of using violence, challenging the norms that the clients have accepted.

Outreach workers also act as a crucial linkage between social service programmes and a high-risk population that is often not aware of services that are available to them or do not know how to get services that they know they need. Finally, outreach workers are available to clients at critical times when the individual is considering a relapse into criminal and violent behaviour.

3. Changing group norms

The community norms that accept and encourage violence must also change, and the Cure Violence model works in three ways to change these norms.

- First, Cure Violence uses a public education campaign to disseminate throughout the community the message that violence is not acceptable, in the same way that anti-smoking campaigns use public education to spread the message about the health risks of smoking.
- Second, community events such as block parties, barbecues, and community responses to every shooting give an opportunity for people in the community to come together and collectively support and convey the message that violence is not acceptable.
- Finally, Cure Violence mobilises a community through meetings and involvement in the programme, which amplifies the message that community members do not accept the use of violence.

One of Cure Violence's programme directors recalls:

Several years ago, we were doing a late night barbecue in a new neighbourhood on a hot summer night alongside a children's play lot.

To my surprise, as it must have been way past their bedtimes, children started coming out into the lot to play. Some brought out florescent light bulb tracks and asked to plug them into our power source, so that they could light up the play equipment. Their parents, at the barbecue, explained to me that the children never normally used the play lot, as it was used by drug traffickers. Although we don't work directly with young children at Cure Violence – and, unlike many other of the programme's effects, the effects on children have not been formally evaluated – when I think about the kids growing up in those neighbourhoods, that memory has stayed with me as a powerful metaphor for what I hope our work can achieve.

Success of Cure Violence

The Cure Violence programme was formally evaluated by a collaboration of independent researchers from four different universities, led by Wesley Skogan of Northwestern University's Institute for Policy Research and funded by the National Institute of Justice. The report analysed implementation and outcomes in the original model site in the West Garfield Park community in Chicago as well as six replications of the model in communities throughout Chicago.

Overall, the report found evidence of programme effect in six of the seven communities, with four of the programme sites demonstrating a reduction in shootings and killing of 16–28% specifically due to the programme. The report also found that several of the communities had eliminated one of the key indicators of the spread of violent events in their communities: retaliation homicides (Skogan, 2009).

A replication of the Cure Violence model in Baltimore was also independently evaluated by a team from Johns Hopkins University and funded by the Centers for Disease Control and Prevention. This report found evidence of the programmme's effect in all four communities studied; one community experienced a reduction in homicides of 56% and a reduction in shootings of 34% between implementation of the programme in 2009 and the end of 2010 (Webster *et al.*, 2012). Since publication of these results, the Cure Violence model has been adopted in communities throughout the world, including programmes in Iraq and South Africa.

Formal evaluations have not addressed the programme's impact on children. Viewing violence as an infectious disease, however, suggests that it makes sense to regard stopping the violent behaviour of older adolescents and young adults as an important way to prevent young children from becoming infected.

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Building a social economy and a culture of peace

Rodrigo Guerrero, Mayor of Cali, Colombia

In this article the Mayor of Cali describes how ValIenPaz, a not-for-profit organisation working in war-torn regions of Colombia, has strengthened the social fabric in communities and improved rural livelihoods, helping to transform the backdrop of war and poverty against which children were growing up into a place where physical and emotional freedom can flourish.

After more than 50 years of violence in Colombia, we are now watching with interest as yet another attempt is made to end the conflict through a peace talks process; we are keeping our hopes up. During this long period of violence, with severe crises of all kinds taking place across the country, civil society has been putting forward and carrying out a series of proposals for alleviating the effects of the armed conflict. But our sights are set much higher, on eradicating them entirely. The experience described in this article is an example of that determination.

In the late 1990s, a series of mass kidnappings in Cali set up a chain of huge demonstrations and discussions between a number of city figures who had never previously met or worked together. In 2000, this process gave rise to VallenPaz, a private, not-for-profit corporation whose mission is to cultivate peace through human and social development in south-eastern areas of Colombia affected by the conflict.

With this aim in mind, VallenPaz works using the concept of the 'rural social economy' – generating skills and opportunities in rural families, bringing about social change and economic progress by building social fabric, re-establishing a culture of peace and instilling a respect for basic human rights. The methods used for developing and strengthening the rural social economy are grouped into the following lines of action:

1 social organisation
2 business
3 food security
4 production
5 production and irrigation infrastructure
6 commercial.

Culture of peace and human rights

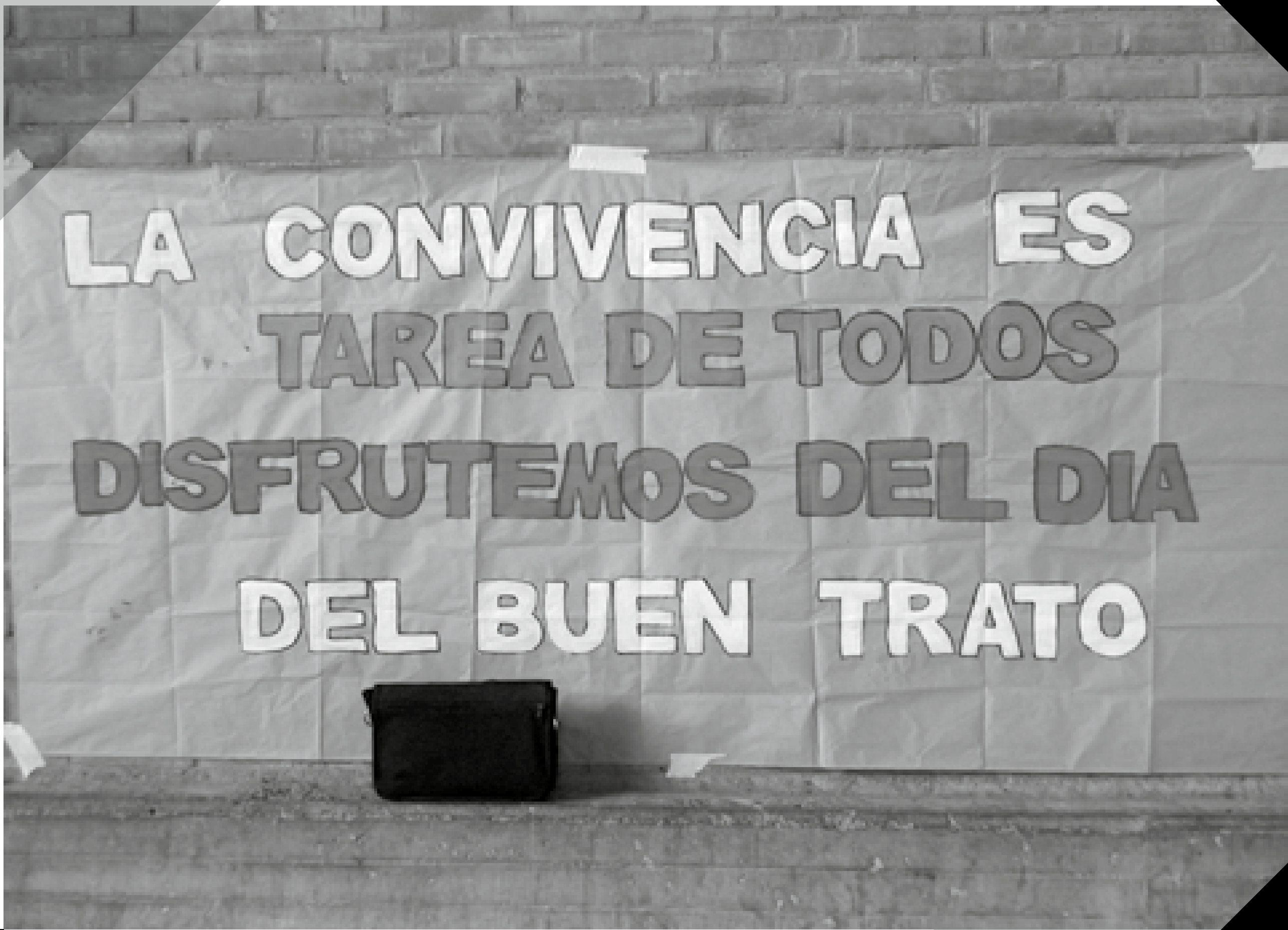
After 10 years, the results of the programme have left no-one in any doubt about its impact. Major achievements have been made, especially in food security: the programme provides incentives for families to grow their own food, and runs workshops to teach families how to have a balanced diet by preparing their food in new and creative ways. The programme also monitors the effects of nutrition in the child population by carrying out body mass and other measurements on children aged between 0 and 5 years old. Other outcomes include the following:

- 8876 participating families obtain an average monthly income that is higher than twice the Colombian minimum wage (US$665), working on farms covering an average of 1.7 hectares.
- 35% of the produce is sold in the country's major supermarkets following the creation of the '*Cosechas de paz*' ('Harvests of peace') brand, identifying products that contribute to bringing peace to Colombia.
- 400 families displaced by the conflict have returned to their farms. And although VallenPaz works in the regions most devastated by the armed conflict, there has not been a single documented case of displacement in its area of influence since 2000.
- 120 coca-producing families came forward to request help from VallenPaz in replacing their illicit crops with organic tomatoes grown in greenhouses.
- Farmers linked to VallenPaz include demobilised guerrilla fighters from the FARC revolutionary movement (*Fuerzas Armadas Revolucionarias de Colombia*).

Peace benefits children

The welfare of rural families is the fundamental purpose driving the work done by VallenPaz in the communities. From this perspective, children are the barometers of society, as they are the first to feel the effects of both social problems and beneficial social change.

At VallenPaz we are aware that fear enslaves people, and that children need freedom to play, walk to school, climb trees and do whatever their bodies and minds need to develop their full potential. This means that valuing the crucial importance of the environment they grow up in, the social and emotional unity of their families, schools



'Coexistence is everyone's task. Let's enjoy the day, the good treatment' Photo • Courtesy Corporación VallenPaz

and communities, is a significant part of protecting their and their families' emotions and reducing stress.

In addition to cross-cutting strategies for strengthening the social fabric, we carry out specific interventions in rural schools and 'centres for coexistence', where we give workshops on child-rearing skills, emotional communication, how to express anger healthily and conflict resolution using 'restorative justice'. Restorative justice is a process that seeks to repair damage or injury caused by violent acts. In principle, it aims to bring together those involved in the conflict (victim and aggressor) to find a way forward for reconciliation and forgiveness. In this context, the concept of justice is focused not on punishment but on forgiveness, redress and reconciliation. In Colombia this is a new strategy for peace processes and a valuable instrument for conflict resolution processes involved in the prevention of violent acts.

These activities are attended by primary school children, parents and teachers; to date, nearly 1000 workshops have been undertaken for parents (with 5450 participants), more than 400 for teachers (1120 participants) and 1200 for young people (23,500 participants). The guiding aim is to promote face-to-face family discussions on specific behaviours in ways that strengthen bonds and balance affection with the exercise of authority in the family. Ultimately, it is hoped that this will have long-lasting effects that reverberate through the community and result in young children enjoying a more peaceful atmosphere.

Early Childhood Matters also online!



This edition of *Early Childhood Matters* is also being published online using a blogging platform. The website **earlychildhoodmagazine.org** has been set up to host individual articles from print editions of *Early Childhood Matters* in a way that makes them easier to share using social media and aggregator websites such as Facebook, Twitter and del.icio.us, and thereby reach new and broader audiences. If you have particularly enjoyed an article in this edition of *Early Childhood Matters*, we invite you to visit **earlychildhoodmagazine.org** and share it with your online networks.

We also invite you to use the comments facility on **earlychildhoodmagazine.org** to react to and discuss the issues raised in articles in this edition of Early Childhood Matters.

It will, of course, continue to be possible to access *Early Childhood Matters* online in both of the existing ways – as a pdf on bernardvanleer.org, and at the online publishing platform issuu.com.

Bernard van Leer Foundation

Investing in the development of young children

The Bernard van Leer Foundation funds and shares knowledge about work in early childhood development. The Foundation was established in 1949 and is based in the Netherlands. Our income is derived from the sale of Royal Packaging Industries van Leer N.V., bequeathed to the Foundation by Dutch industrialist and philanthropist Bernard van Leer (1883 to 1958).

Our mission is to improve opportunities for children up to age 8 who are growing up in socially and economically difficult circumstances. We see this both as a valuable end in itself and as a long-term means of promoting more cohesive, considerate and creative societies with equal opportunities and rights for all. We work primarily by supporting programmes implemented by local partners. These include public, private and community-based organisations. Working through partnerships is intended to build local capacity, promote innovation and flexibility, and help to ensure that the work we fund is culturally and contextually appropriate.

We also aim to leverage our impact by working with influential allies to advocate for young children. Our free publications share lessons we have learned from our own grantmaking activities and feature agenda-setting contributions from outside experts. Through our publications and advocacy, we aim to inform and influence policy and practice not only in the countries where we operate but globally.

In our current strategic plan, we are pursuing three programme goals: reducing violence in young children's lives, taking quality early education to scale, and improving young children's physical environments. We are pursuing these goals in eight countries – Peru, India, the Netherlands, Israel, Uganda, Turkey, Brazil and Tanzania – as well as undertaking a regional approach within the European Union. In addition, until 2012 we will continue to work in the Caribbean, South Africa and Mexico on strengthening the care environment, transitions from home to school and respect for diversity.

Bernard van Leer FOUNDATION

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